	990 rtment of the Treas all Revenue Service		le (except private foundations), may be made public!	OMB No 1545-0047  2017 Open to Public Inspection
A	For the 2017	calendar year, or tax year beginning $07/01/17$ , and ending $06/3$	0/18	
<b>B</b> c	theck if applicable	C Name of organization Saginaw-Shiawassee Habitat	D Employer Id	entification number
L A	Address change	for Humanity		
□ N	lame change	Doing business as  Number and street (or PO box if mail is not delivered to street address)	Room/suite E Telephone n	<del></del>
<b>.</b>	nitial return	315 W. Holland Ave		3-5200
F	inal retum/	City or town, state or province, country, and ZIP or foreign postal code		
	eminated	Sagınaw MI 48602-4356	G Gross receipt	s 1,434,87
<u> </u>	Amended return	F Name and address of principal officer		
∐ ≜	Application pending	Carmen Mora	H(a) Is this a group return for sub	ordinates Yes X
		315 W Holland	H(b) Are all subordinates include	ed? Yes
		Saginaw MI 48602	If "No" attach a list (se	e instructions)
1_7	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	·) - /	
<u>J 1</u>	Website 🕨 W	ww.sshfh.org	H(c) Group exemption number	<u>▶ 8545</u>
	Form of organization	X Corporation Trust Association Other ▶	L Year of formation 1987 M	State of legal domicile
_Pa	arti Su	mmary !		
	1 Briefly de	scribe the organization's mission or most significant activities		
ဦ	Seek	ing to put God's love into action, Saginaw-Shi	lawassee Habitat fo	ר
Governance	Huma	nity brings people together to build homes,	ommunities and hope	
<u>ē</u>				
ဖြ	2 Check th	s box 🖊 if the organization discontinued its operations or dispessed of more	than 25% of its net assets	
∞ 5	3 Number	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line b)	1 <b>u</b> 7111 1 1 1 1 1	10
Activities		1014	10	
₹	5 Total nur	nber of individuals employed in calendar year 2017 (Part V, line 2a)	10/15/	23
Act	6 Total nur	nber of volunteers (estimate if necessary)	DEN, UT	3258
	7a Total unr	elated business revenue from Part VIII, column (C), line 12	7a	
$\rightarrow$	<b>b</b> Net unre	ated business taxable income from Form 990-T, line 34		
ļ			Prior Year	Current Year
흵		ons and grants (Part VIII, line 1h)	936,876	647,97
Revenue	_	service revenue (Part VIII, line 2g)	446,111	343,33
è		nt income (Part VIII, column (A), lines 3, 4, and 7d)	60,357	30,50
_		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	245,815	232,58
$\rightarrow$		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,689,159	1,254,39
ŀ		nd similar amounts paid (Part IX, column (A), lines 1–3)		
		paid to or for members (Part IX, column (A), line 4)	E 47 150	(20. 27
Ses	· · · · · · · · · · · · · · · · · · ·	other compensation, employee benefits (Part IX, column (A), lines 5–10)	547,159	628,27
ű		nal fundraising fees (Part IX, column (A), line 11e)		
Expense		draising expenses (Part IX, column (D), line 25) > 154, 159	704 375	749,52
_		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	794,375	1,377,79
	•	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	347,625	-123,39
58	19 Kevenue	less expenses Subtract line 18 from line 12	Beginning of Current Year	
Assets (Balance	20 Total ass	ets (Part X, line 16)	3,674,255	3,454,28
Ass		ilities (Part X, line 26)	351,567	287,90
至昌		is or fund balances. Subtract line 21 from line 20	3,322,688	3,166,38
Pi		nature Block	, 0,022,000,	<u> </u>
		penjury, I declare that I have examined this return, including accompanying schedules a	and statements, and to the best of m	y knowledge and be
		omplete Declaration of preparer (other than officer) is based on all information of which		. 3
Sig	n F s	gnature of officer	Date	
Her		Carmen Mora Dir	rector	
	: -	ype or print name and title		
	Pnnt/Type	preparer's name Preparer's signature	Date Check	if PTIN
Paid	.	R. Youngstrom	05/15/19 self-employ	/ed *******
	2255	77 77 70 70	Firm's EIN	**-***614
Prep			1	
-	Only Firm's na			
-	Only	P.O. Box 3275 dress ▶ Saginaw, MI 48605	Phone no	89-793-98

Form	990 (2017) Sagınaw-Shiawassee Habitat **-***9180	Page <b>2</b>
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
S	Bnefly describe the organization's mission eeking to put God's love into action, Saginaw-Shiawassee Habit umanity brings people together to build homes, communities and	at for l hope
2	Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O	Yes X No
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	
С	(Code )(Expenses\$ 684,106 including grants of\$ )(Revenue \$ onstruction and Family Services - uild affordable housing for those in need.	152,845)
D	(Code ) (Expenses \$ 14,593 including grants of \$ ) (Revenue \$ econstruction - econstruct homes in the Saginaw community.	)
R	(Code ) (Expenses \$ 155,074 including grants of \$ ) (Revenue \$ estore -	338,215)
c r	esell donated materials from overstocked and loseout items from home supply stores, house demolitions, emodeling projects for customers to purchase to improve heir home.	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 42,621 including grants of\$ ) (Revenue \$ 219,480	
4e	Total program service expenses ► 896, 394	



Page 3

			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	Χ	ļ
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		Х
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		X
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,			
	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			. <i>.</i>
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	i		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	١.		<sub>v</sub>
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Ϋ́
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		-11
• •	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	Х	
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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, "Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		\ <sub>V</sub>
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
148	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	148		_^
U	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 112		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			İ
	If "Yes," complete Schedule G, Part III	19		Χ

Form 990 (2017) Saginaw-Shiawassee Habitat

<u> Pa</u>	art IV Checklist of Required Schedules (continued)			
		00-	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
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		Χ
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Χ
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	Ì		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
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	37	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 24		Х
	Part I	3 <u>1</u>		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
	complete Schedule N, Part II	32	-	Λ.
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		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	00	<del>                                     </del>	
34		34		Х
250	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	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	1		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ĺ	
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form	990 (2017) Saginaw-Shiawassee Habitat **-***9	<u> 180</u>			P	age <b>5</b>	<u>,</u>	
<u> P</u> a	rt V_I Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Pa	rt V				Щ.	_	
	ŗ				Yes	No	_	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			4	ì	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	<b>'</b>		٠,''ما	i	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	d					:	
	reportable gaming (gambling) winnings to prize winners?			1c			•	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1					İ	
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a	23				i	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax			2b	X		•	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct						i	
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 Sched	ule O		3b			•	
	At any time during the calendar year, did the organization have an interest in, or a signature or of		ithonty				•	
74	over, a financial account in a foreign country (such as a bank account, securities account, or other	_						
	account)?			4a		Х		
<b>.</b>	If "Yes," enter the name of the foreign country		•	74			i	
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	nal Ac	counte			<u> </u>	Ì	
	· · · · · · · · · · · · · · · · · · ·	Jai AC	Counts			'	1	
E	(FBAR)	~		5a		X	•	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		nn?	5b		X	-	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter training the last Sound St. Sound St	risaciio	יווי	$\overline{}$			•	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	مطاء الما		5c		<b></b>	•	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	na the		6a		X		
	organization solicit any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions	s or					
_	gifts were not tax deductible?			6b		$\vdash$	ī	
7	Organizations that may receive deductible contributions under section 170(c).						١	
а								
	and services provided to the payor?							
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		_		١,,		
	required to file Form 8282?	1		7c_		X	;	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					j	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene			7e		X	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c			7f	-	Х	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file			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 maint	ained	by the				j	
	sponsoring organization have excess business holdings at any time during the year?			8		├		
9	Sponsoring organizations maintaining donor advised funds				ļ		1	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<del></del>	-	
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	)		9b	ļ		-	
10	Section 501(c)(7) organizations. Enter	1 1					1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	· · · · ·	ļ	.		ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					į	
11	Section 501(c)(12) organizations. Enter				ŀ		1	
а	Gross income from members or shareholders	11a		ļ			1	
b	Gross income from other sources (Do not net amounts due or paid to other sources						١	
	against amounts due or received from them )	11b		ļ			j	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1	1041?	12a		Ь—	-	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		Į	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L	<u> </u>	—	1	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<b> </b>	<del></del>	-	
	Note. See the instructions for additional information the organization must report on Schedule O						ļ	
b	Enter the amount of reserves the organization is required to maintain by the states in which				1		١	
	the organization is licensed to issue qualified health plans	13b		]			ļ	
С	Enter the amount of reserves on hand	13c				<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		_	14a		X	_	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	edule (	<u> </u>	14b	L	$oxed{oxed}$	_	
				Fon	n 990	0 (2017	)	

, •						
	990 (2017) Saginaw-Shiawassee Habitat **-***9180					age <b>6</b>
L Pa	rt VI   Governance, Management, and Disclosure For each "Yes" response to lines 2 th					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in	Schedule C	) See	ınstru	
_	Check if Schedule O contains a response or note to any line in this Part VI					_[X]_
Sec	tion A. Governing Body and Management				г	
			1 10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10 _	-		
	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					1 1
	committee, explain in Schedule O	46	10			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1 10	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			<u> </u>		X
	any other officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customanly performed by or under the direct				ļ	V
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	E1 ~ 40		3	<u> </u>	X X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	nieo 4		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		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					V
L	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,			76		Х
	stockholders, or persons other than the governing body?		r hu tha falla	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e yea	it by the lono		X	
a	The governing body?			8a 8b	X	<del></del>
ь	Each committee with authority to act on behalf of the governing body?			- 60	^	_
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					Х
Sac	tion B. Policies (This Section B requests information about policies not required by the	Inte	rnal Rever	ue C	ode )	
<u> </u>	tion B. I oncies (This decition B requests information about policies not required by the	mic	mai novoi	iuc C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1.00	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	filma	the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3				1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	Χ	
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	on?				
. 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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity duning 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		<u></u>
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 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization organization organi	on 50	11(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	ıntere	st policy, and	I		
	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	ds 🕨			
Ca	armen Mora 315 W Holland					000
S	aginaw MI 4860	12	989	<del>-75</del>		
ΠΔΔ				For	m 99(	<b>)</b> (2017)

Form 990 (2017) S.	adinaw-9	Shiawass	۵۵	Ľ	lah	i +	a+		**_**	9180	Par	qe <b>7</b>
Part VII Cor	npensation	of Officers	, Di	rec	tors	3, T	rus	tee	s, Key Employees,			
	ependent C											
									e to any line in this F			Щ
									nest Compensated Empl			
organization's tax ye		ons required to	be II	stea	Re	port	com	pen	sation for the calendar yea	ar ending with or within th	е	
									her individuals or organiza	itions), regardless of amo	unt of	
compensation Enter									is paid uctions for definition of "ke	v emnlovee "		
									other than an officer, dire		oyee)	
who received reports organization and an	able compensa	tion (Box 5 of	Form	W-2	2 and	d/or	Box	7 o	Form 1099-MISC) of mo	re than \$100,000 from the	•	
			key	emp	loye	es,	and	high	est compensated employe	es who received more th	an	
\$100,000 of reporta	able compensat	tion from the o	rganı	zatio	n ar	nd a	ny r	elate	ed organizations			
									ed, in the capacity as a fo nization and any related (		tne	
List persons in the f	ollowing order	individual trus	tees						nal trustees, officers, key			
compensated emplo	•	•										
	reither the or	r <del></del>	any T	eiat			ıızatı	on (	compensated any current			
(A) Name and	Title	( <b>B</b> ) Average				C) ition			(D) Reportable	(E) Reportable	(F) Estimated	
		hours per week					than is boti		compensation from	compensation from related	amount of other	
		(list any hours for				direct	or/trus	· '	the organization	organizations (W-2/1099-MISC)	compensation from the	
		related	Individual or director	nstitu	Officer	) §	emple	Former	(W-2/1099-MISC)	,	organization and related	
		organizations below dotted	ector	nstitutional	"	employee	yee co	# E			organizations	
		line)	frustee	trustee		yee	l mper					
			8	itee			Highest compensated employee					
(1)Michael	Elliot											
		1.00	1							_		0
President	Proffi	0.00	X	<del>                                     </del>	X	-	-	$\vdash$	0	0		0
(2) 0 @ 111111 [ 61	FIOILI	1.00										
Vice Preside	ent	0.00	X		Х				0	0		0
(3) Andrea H	Heilbron		er			ļ						
_		1.00	١		١.,		1	Į		_		0
Treasurer (4) Oscar Yo	ung, Jr	0.00	X	$\vdash$	X	-	-	⊢	0	0		0
(4) OSCAL IC	ourig, or	1.00										
Secretary		0.00	X		X				0	0		0
(5) Jerome E	Buckley											
		1.00	,,									0
Director (6) Larry D.	Campl	0.00	<u>X</u>	$\vdash$	<del> </del>	H	1	-	0	0		0
(6) Latty D.	Camer	1.00				ļ						
Director		0.00	X						0	0		0
(7) Ellen Gl	ass											
		1.00										0
Director (8) Jim Wood	Nuorth	0.00	X	╁		<del>                                     </del>	┼	╀╌	0	0	<u> </u>	0
(e) O TIII WOOC	IWOI LII	1.00										
Director		0.00	X						0	0		0
(9) Victor (	Somez											
		1.00	,.						_	_		^
Director	Draddes	0.00	X	$\vdash$		$\vdash$	┼	$\vdash$	0	0		0
(10)Sheilda	Braddoc	1.00										
Director		0.00	X			L			0	0		0
(11) Cameron	Brady											_

66,024

9,485 Form **990** (2017)

0

40.00

Executive Director

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

DAA

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Form 990 (2017)

i Par	t "V	III Statement of Revenue Check if Schedule O contains	a response	or note to any line		(C)	(D)
<b>9</b> w				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ant	1a	Federated campaigns 1a	_				
وَق		Membership dues 1b					
¥,₹	С	Fundraising events 1c					
<u>:</u>	d	Related organizations 1d					
Siri	е	Government grants (contributions) 1e					
Program Service Revenue Contributions, Giffs, Grants	f	All other contributions, gifts, grants, and similar amounts not included above	647,970			•	
<u> </u>	g	Noncash contributions included in lines 1a-1f \$	147,122				
<u> </u>	h	Total. Add lines 1a-1f	<b>•</b>	647,970			
=			Busn Code				
<u>&amp;</u>	2a	Mortgage loan discount amort	900099	219,480	219,480		
- 8	b	Rental Income	900099	72,851	72,851		
훒	С	Sale of homes to homeowners	900099	51,000	51,000	_	-
ω	d						
Lal	е		<b>—</b>	-		_	
호		All other program service revenue		242 221	·		
-		Total. Add lines 2a–2f		343,331			1
	3	Investment income (including dividends, in	iterest,	1 514			1 514
		and other similar amounts)		1,514			1,514
		Income from investment of tax-exempt bor	a proceeds				
	5	Royalties	Damanal				
	۰.	· · · · · · · · · · · · · · · · · · ·	Personal			· ·	
		Gross rents					
		Less rental exps					
		Rental inc or (loss)					
		Net rental income or (loss) Gross amount from (i) Secunties	(ii) Other				
		sales of assets (i) Securities	50,000				
	_	other than inventory	30,000				
l	D	Less cost or other	21,006				
	_	basis & sales exps	28,994				
		Gain or (loss)	20,994	28,994	28,994		
		Net gain or (loss) Gross income from fundraising events,		20,004	20,334		
ğ۱	oa	(not including \$					
Revenue		of contributions reported on line 1c)	1				
		See Part IV, line 18	18,326				
Other	h	Less direct expenses b	21,908	.			
ŏ		Net income or (loss) from fundraising ever		-3,582		<del></del>	-3,582
		Gross income from gaming activities		3,332			†
	Ja	See Part IV, line 19	1				
	b	Less direct expenses b	-				
		Net income or (loss) from gaming activities	<u> </u>				
		Gross sales of inventory, less					
		returns and allowances a	338,215				
	b	Less cost of goods sold b	137,562				
		Net income or (loss) from sales of inventor		200,653			200,653
		Miscellaneous Revenue	Busn Code				
7	11a	Miscellaneous	900099	35,514	35,514		
	b						
	С					<u></u>	
	d	All other revenue					
	e	Total. Add lines 11a-11d	<b>•</b>	35,514			
	12	Total revenue. See instructions	<b>•</b>	1,254,394	407,839		198,585

	Check if Schedule O contains a resp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
_	Grants and other assistance to domestic organizations			3	· · · · · · · · · · · · · · · · · · ·
•	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,	56.450	10 000	00 076	10 000
	trustees, and key employees	76,152	19,038	38,076	19,038
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	456 767	201 000	72 011	C1 007
7	Other salanes and wages	456,767	321,829	73,911	61,027
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	20 006	25 160	2 010	2 01 0
9	Other employee benefits	32,986	25,160 40,339	3,910 12,773	3,916 9,255
10	Payroll taxes	62,367	40,339	12,713	9,255
11	Fees for services (non-employees)	•			
a	Management	0 100	5 265	1,620	1,215
b	· · · · · · · · · · · · · · · · · · ·	8,100 4,121	5,265 2,679	824	618
C	Accounting	4,121	2,019	024	010
d	, , , , , , , , , , , , , , , , , , ,	,			
e	' F	<del></del>	·		
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
g	· · ·	84,263	54,462	17,316	12,485
12	(A) amount, list line 11g expenses on Schedule O)  Advertising and promotion	2,464	J1,102	17,310	2,464
.13	Office expenses	35,244	5,202	12,527	17,515
14	Information technology	33,244	3,202	12/32/	
15	Royalties	, <u> </u>			
16	Occupancy 3	159,066	111,208	47,858	-
17	Travel	27,423	17,737	5,616	4,070
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,155		9,155	
21	Payments to affiliates	7,686		7,686	
22	Depreciation, depletion, and amortization	22,209	14,365	4,548	3,296
23	Insurance	55,857	36,128	11,440	8,289
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				r
	(A) amount, list line 24e expenses on Schedule O)				
а	Home construction	131,437	131,437		<u> </u>
b	Miscellaneous	70,981	45,910	14,537	10,534
С	Mortgage discounts	42,621	42,621		
d	Committee expenses	28,970		28,970	
е	All other expenses	59,924	23,014	36,473	437
25	Total functional expenses Add lines 1 through 24e	1,377,793	896,394	327,240	154,159
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here life 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 (B) (A) Beginning of year End of year 299,951 195,464 1 Cash-non-interest bearing <u>3,3</u>47 2 3,352 Savings and temporary cash investments 3 Pledges and grants receivable, net 260,298 212,530 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 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 6 7 Notes and loans receivable, net 270,725 1,404,449 8 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 550,913 other basis Complete Part VI of Schedule D 10a 195,474 363,423 355,439 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 381,870 194,093 12 12 Investments—other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 94,641 88,958 15 Other assets See Part IV, line 11 15 3,674,255 16 454,285 Total assets. Add lines 1 through 15 (must equal line 34) 16 170,048 17 170,696 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 22 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 22 181,519 117,206 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 351,567 26 287,902 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ►X and Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,322,688 166,383 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Net Retained earnings, endowment, accumulated income, or other funds 32 322,688 33 33 Total net assets or fund balances 3,674, 255 34 Total liabilities and net assets/fund balances

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  1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total eyepenses (must equal Part X, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 1, 254, 394 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Phor penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII: Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?  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  Separate basis. Consolidated basis  Both consolidated and separate basis c or origination of its financial statements for the year were audited on a separate basis. Consolidated basis  or both  Separate basis  Consolidated basis  Accrual  Se					Pag	<u>e 12</u>
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 -123, 394 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 A 3,322, 688 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990	<u>Pa</u>					<u></u>
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 123,399 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3,322,688 5 Net unrealized gains (losses) on investments 5 3,855 6 Donated services and use of facilities 7 Investment expenses 8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))    Part XII  Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis, or both Separate basis Consolidated basis or both Separate basis Consolidated basis or both Separate basis. Ocnoslidated basis or both Separate basis or consolidated basis			1 . 1	1 00	4 ~	_
3			<del></del>			
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  5 0 Donated services and use of facilities  7 Investment expenses  8 Prior penod adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990			<del>-</del> -			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis, or both Separate basis, consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as cot forth in the Single Audit Act and OMB Circular A-133°  b If "Yes," did the organization undergo the required audit or audits? If the organization d	3	·	<del></del>			
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 3, 166, 383    Part XII  Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990 Cash Accrual Other if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements addited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," to line 2 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a Ao a result of a federal award, was the organization required to undergo an audit or audits as cot forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audi	4		<del></del>	3,32		
7 Investment expenses 8 Pnor period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 3, 166, 383    Part XII   Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII     Yes   No   1 Accounting method used to prepare the Form 990   Cash   Accrual   Other   Yes   No   1 Accounting method used to prepare the Form 990   Cash   Accrual   Other   Yes   No   2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   2a   X   2b   Were the organization's financial statements audited by an independent accountant?   2b   X   2a   X   2b   X   2c   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   Separate basis   Consolidated basis   Both consolidated and separate basis   2c   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   Consolidated basis   Both consolidated and separate basis   2c   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   Consolidated basis   Both consolidated and separate basis   2c   X   3c   X   3	5	Net unrealized gains (losses) on investments	-		3,8	<u> 355</u>
8 Pror period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))    Part XII  Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))    Part XII	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   No	8	Pnor period adjustments	8		36,7	<u> 761</u>
Separate basis   Consolidated basis, or both   Separate basis   Consolidated basis   Separate basis   Consolidated basis   Separate basis   Consolidated basis   Consolidated basis   Separate basis   Consolidated basis	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   Yes   No    1   Accounting method used to prepare the Form 990   Cash   X   Accrual   Other	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Separate basis  Consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  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  Separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis  c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a Ao a result of a federal award, was the organization required to undergo an audit or audits as sot forth in the Single Audit Act and OMB Circular A-133?  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		33, column (B))	10	3,16	6,3	<u> 883</u>
1 Accounting method used to prepare the Form 990	L <sub>Pa</sub>	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII				Ш.
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  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  Separate basis Consolidated basis Both consolidated and separate basis  c 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as sot forth in the Single Audit Act and OMB Circular A-133?  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  3b					Yes	No
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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    X   Separate basis   Consolidated basis   Both consolidated and separate basis	b			2b	X	
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	h			34		
required addit of addits, explain why in editedate of and december any steps taken to and go deen addits		, , ,		3h		
Form <b>990</b> (2017)		required addit of addition explain with in ochequie of and describe any steps taken to didergo such addits			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 chantable trust.

OMB No 1545-0047 **2017** 

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

Saginaw-Shiawassee Habitat Name of the organization Employer identification number \*\*-\*\*\*9180 for Humanity 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 | | 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) 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 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. Check this box if the organization received a written determination from the IRS that it is à Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (iv) Is the organization (v) Amount of monetary (i) Name of supported (ii) EIN (III) Type of organization organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

Page 2

Schedule A (Form 990 or 990-EZ) 2017 Saginaw-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	n fails to qualif	fy under the te	sts listed belo	w, please con	nplete Part III)	
	tion A. Public Support						
Cale	ndar 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")	690,353	908,256	748,292	945,134	647,970	3,940,005
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	690,353	908,256	748,292	945,134	647,970	3,940,0 <u>05</u>
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	Public support. Subtract line 5 from line 4						- 3,940,005
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	690,353	908,256	748,292	945,134	647,970	3,940,005
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,213	41,281	47,745	63,448	1,514	160,201
9	Net income from unrelated business activities, whether or not the business is regularly carried on	7,656	12, 105		46,043		65,804
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					338,215	338,215
11	Total support. Add lines 7 through 10						4,504,225
12	Gross receipts from related activities, et-	c (see instructions	s)			12	784,809
13	First five years. If the Form 990 is for to	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop h						
Sec	tion C. Computation of Public					····	
14	Public support percentage for 2017 (line			umn (f))		14	87 47 %
15	Public support percentage from 2016 Sc					<u> 15  </u>	93.27 %
16a	33 1/3% support test—2017. If the orga				is 33 1/3% or m	ore, check this	⊾ ਹ
_	box and stop here. The organization qu	•			no 15 io 22 1/20/	or more shoot	<b>▶</b> [X]
b	33 1/3% support test—2016. If the organization				ne 15 is 33 1/3%	or more, check	▶ 🗌
470	this box and stop here. The organization				2 16a or 16h an	d line 14 is	
114	10%-facts-and-circumstances test—2 10% or more, and if the organization me	-					
	Part VI how the organization meets the				•		
	organization	iacis-aria-circarris	tances test the	organization qual	inco do a pabliciy	Supportu	▶ □
b	10%-facts-and-circumstances test—2	016 If the organiz	ation did not chec	k a box on line 13	3. 16a. 16b. or 17	'a, and line	٠ ـــ
	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization			•	=		
	supported organization				<del></del>	. ,	▶ □
18	Private foundation. If the organization	did not check a box	x on line 13, 16a.	16b, 17a, or 17b,	, check this box a	nd see	
-	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2017 \*\*-\*\*\*9180 Saginaw-Shiawassee Habitat Page 3 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 funder 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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6 Section B. Total Support (b) 2014 Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 1/2 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 16 % Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 18 % Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33 1/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3%/support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20 Schedule A (Form 990 or 990-EZ) 2017

**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	<u>A.</u>	All	Supporting	<b>Organizations</b>
00000011	,	, ,,,	Capporting	Organizationo

Sect	ion A. All Supporting Organizations			
			Yes	No
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	1		
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	l		l
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		_	
	(b) and (c) below	3a		~ ~ ~
ь	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	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b		
С	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	4c		
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			l
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	l		·
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	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)	8_		
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	İ		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9с		
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	_		

10a

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

	ule A (Form 990 or 990-Ez) 2017 Saginaw-Shlawassee Habitat **-***918  t IV   Supporting Organizations (continued)	0		Page 5
1 Fai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
	below, the governing body of a supported organization?	11a		[
b	A family member of a person described in (a) above?	11b		<del>-</del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c	_	
	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			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ļ	
	tax year? If "No," describe in <b>Part VI</b> 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			ļ '
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		1
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		
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			'
	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	- <u>-</u>		
	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		<u> </u>
<u>Secti</u>	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)		
а	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	nstruct	ions)	
				r:
2 A	Activities Test Answer (a) and (b) below.	_	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			<b></b> .
	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			ļ. ·
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	,-		<b>-</b>
L	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 <b>Part VI</b> the role played by the organization in this regard	3b	-	<b>-</b> -
	or to supported digunizations in root december in rate visits follopided by the digunization in this regula	,		

Schedule A (Form 990 or 990-EZ) 2017 Saginaw-Shiawassee Habitat		**-*** <u></u>	180 Page <b>6</b>			
Part V ! Type III Non-Functionally Integrated 509(a)(3) Supporting C						
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 in	must c	complete Sections A thro	ugh E			
Section A - Adjusted Net Income	(B) Current Year (optional)					
1 Net short-term capital gain	1					
2 Recovenes of pnor-year distributions	2					
3 Other gross income (see instructions)	3 _					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Pnor 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 secunties	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			1			
factors (explain in detail in Part VI)			ļ			
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 pnor-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6		<u> </u>			
7 Check here if the current year is the organization's first as a non-functionally integra	ted Ty	pe III supporting organization	ation (see			
instructions)						

	le A (Form 990 or 990-EZ) 2017 Saginaw-Shiawasse		**-***9	
Par		Supporting Organ	izations (continued)	
Secti	on D - Distributions		<del></del>	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su			
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			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(iı) Underdıstributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			1
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017			
a	<del></del>			!
	From 2013			<del></del> -
	From 2014		·	
	From 2015			i i
	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			<u>'</u>
	Applied to 2017 distributable amount			
<u>     i                               </u>	Carryover from 2012 not applied (see instructions)			i
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			<u>'</u>
4	Distributions for 2017 from			,
	Section D, line 7 \$			!
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount		<u></u>	
С	Remainder Subtract lines 4a and 4b from 4		<u></u>	
5	Remaining underdistributions for years prior to 2017, if			<b>!</b>
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			ı
	and 4c			
8	Breakdown of line 7			
а	Excess from 2013			<u> </u>
b	Excess from 2014			
С	Excess from 2015			1
d	Excess from 2016			
е	Excess from 2017			jj
			Schedule A	(Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 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

Other income

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# SCHEDULE D (Form 990)

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.

So to www.irs.gov/Form990, for instructions and the latest informations.

2017

Department of the Treasury

Open to Public

OMB No 1545-0047

Hiterria	► Go to www.irs.gov/Form990	<u>for instructions and the latest inforr</u>	nation. Inspection		
Name	of the organization		Employer identification number		
S	aginaw-Shiawassee Habitat				
	or Humanity		**-***9180		
Pa	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.		
	Complete if the organization answered "Yes" or	on Form 990, Part IV, line 6			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	1.1.2			
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		☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and donor advisors	<del>-</del>			
	only for charitable purposes and not for the benefit of the donor or o				
	conferring impermissible private benefit?	Tonor dancer, or its any owner purpose	Yes No		
Pa	art II Conservation Easements.				
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization (che				
-	Preservation of land for public use (e.g., recreation or education	`` ``	mnortant land area		
	Protection of natural habitat	Preservation of a certified his	•		
	Preservation of open space	Troop ration or a seranda ins			
2	Complete lines 2a through 2d if the organization held a qualified co	inservation contribution in the form of a	a conservation		
_	easement on the last day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
h	Total acreage restricted by conservation easements		2b		
	Number of conservation easements on a certified historic structure	included in (a)	2c		
4	Number of conservation easements included in (c) acquired after 7/	· •			
ŭ	historic structure listed in the National Register	25/00, and not on a	2d		
3	Number of conservation easements modified, transferred, released,	extinguished or terminated by the or			
3	tax year	extinguished, or terminated by the or	gariization during the		
4	Number of states where property subject to conservation easement	is located			
5	Does the organization have a written policy regarding the periodic r				
3	violations, and enforcement of the conservation easements it holds		☐ Yes ☐ No		
e	Staff and volunteer hours devoted to monitoring, inspecting, handlin				
6	Stan and volunteer flours devoted to monitoring, inspecting, nandim	ig of violations, and emorcing conserv	ation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and opforcing consequation	assements during the year		
′	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and emorcing conservation	easements during the year		
۰	Does each conservation easement reported on line 2(d) above sati	efy the requirements of section 170(h)	(A)(B)(i)		
0	and section $170(h)(4)(B)(ii)^2$	siy the requirements of section 170(11)	Yes No		
9	In Part XIII, describe how the organization reports conservation eas	coments in its revenue and expense st			
9	balance sheet, and include, if applicable, the text of the footnote to	· ·			
	organization's accounting for conservation easements	the organizations imandal statements	that describes the		
Pa	art III Organizations Maintaining Collections of A	rt Historical Treasures or O	ther Similar Assets		
	Complete if the organization answered "Yes" o		mer ommar Assetts.		
12	If the organization elected, as permitted under SFAS 116 (ASC 958		t and halance sheet		
ıa	works of art, historical treasures, or other similar assets held for pul	•			
h	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				
D	- · · · · · · · · · · · · · · · · · · ·				
	works of art, historical treasures, or other similar assets held for pul- public service, provide the following amounts relating to these items		in idialiciano. Of		
		•	<b>▶</b> \$		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
_	(ii) Assets included in Form 990, Part X	an allow a made as a set of a feet	<b>&gt;</b> \$		
2	If the organization received or held works of art, historical treasures		ain, provide the		
	following amounts required to be reported under SFAS 116 (ASC 9	58) relating to these items	<b>.</b> .		
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
b	Assets included in Form 990, Part X		<b>▶</b> \$		

Schedule D (Form 990) 2017 Saginaw-S	<u>hıawassee</u>	<u> Habitat</u>	*	<del>*-***</del> 9180	Page <b>2</b>		
Part III Organizations Maintaining	g Collections of	of Art, Historical	Treasures,	or Other Simi	ilar Assets (continued)		
3 Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	ords, check any of the	following that a	re a significant us	e of its		
a Public exhibition	d□	Loan or exchange pi	rograms				
b Scholarly research	e H	Other	<b>.</b>				
c Preservation for future generations	- ()						
4 Provide a description of the organization's	collections and exp	lain how they further	the organization	's exempt purpose	e in Part		
XIII							
5 During the year, did the organization solicit	or receive donation	ns of art, historical tre	easures, or other	sımılar			
assets to be sold to raise funds rather than					Yes No		
Part IV Escrow and Custodial A							
Complete if the organization 990, Part X, line 21	n answered "Ye	es" on Form 990,	Part IV, line	9, or reported	an amount on Form		
1a Is the organization an agent, trustee, custo	dian or other intern	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 XI	II and complete the	following table					
• •	•	Ü			Amount		
c Beginning balance				10			
d Additions during the year				1d			
e Distributions during the year				1e			
f Ending balance				1f			
2a Did the organization include an amount on	Form 990, Part X,	line 21, for escrow or	custodial accou	nt liability?	Yes No		
b If "Yes," explain the arrangement in Part XII	II Check here if the	e explanation has bee	en provided on P	art XIII			
Part V Endowment Funds.							
Complete if the organization	n answered "Ye	<u>es" on Form 990,</u>	Part IV, line	10			
	(a) Current year	(b) Pnor year	(c) Two years ba	ack (d) Three ye	ears back (e) Four years back		
1a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and							
losses							
d Grants or scholarships			ļ				
e Other expenditures for facilities and							
programs			ļ				
f Administrative expenses			_				
g End of year balance							
2 Provide the estimated percentage of the cu	•	ince (line 1g, column	(a)) held as				
a Board designated or quasi-endowment ▶	%						
b Permanent endowment ▶ %	0/						
c Temporanly restricted endowment ▶	% 						
The percentages on lines 2a, 2b, and 2c sh	•			d for the			
3a Are there endowment funds not in the poss	ession of the organ	nzation that are neld	and administere	u ioi tile	Yes No		
organization by (i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
-	zatione lieted ae re	aured on Schedule F	22		3b		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds							
Complete if the organizatio		es" on Form 990	Part IV. line	11a See Form	n 990. Part X. line 10		
Description of property	(a) Cost or other			(c) Accumulated	(d) Book value		
· · · ·	(investment)	(oth	<b>I</b>	depreciation			
1a Land			20,000		20,000		
b Buildings			52,596	141,04			
c Leasehold improvements							
d Equipment		1 -	78,317	54,43	23,887		
e Other	-						
Total. Add lines 1a through 1e (Column (d) musi	t equal Form 990, i	Part X, column (B), lir	ne 10c)		<b>▶</b> 355,439		

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) 2017

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

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Sche	dule D (Form 990) 2017 Saginaw-Shiawassee Habitat	**-***918	<u> </u>	Page <b>4</b>				
L Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	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	1,258,249				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses) on investments	2a 3,855						
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c	,					
d	Other (Describe in Part XIII )	2d						
е	Add lines 2a through 2d		2e	3 <b>,</b> 855				
3	Subtract line 2e from line 1		3	1,254,394				
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	1,254,394					
LPa	Int XII Reconciliation of Expenses per Audited Financial State	ements With Expenses (	per R	leturn.				
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a						
1	Total expenses and losses per audited financial statements		1	1,377,793				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities	2a	]					
þ	Pnor year adjustments	2b	]					
С	Other losses	2c	]					
d	Other (Describe in Part XIII )	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3	1,377,793				
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	]					
þ	Other (Describe in Part XIII )	4b	ļ					
С	Add lines 4a and 4b		4c					
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,377,793				
l Pa	rt 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 D (Form 990) 2017 Saginaw-Shiawassee Habitat
Part XIII | Supplemental Information (continued)

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Page 5

SCHEDULE G (Form 990 or 990-EZ) 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

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

10

Total

► Go to www irs gov/Form990 for the latest instructions Saginaw-Shiawassee

Habitat

Employer identification number

\*\*-\*\*\*9180 for Humanity Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 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? 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 (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization ontributions col (I) Yes No 2 3

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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

_	edule art l		vents. Complete if the org		es" on Form 990, Part IV	
			of fundraising event contribition of the state of the sta	utions and gross incom	e on Form 990-EZ, line:	s 1 and 6b List events w
			(a) Event#1  Special events (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 4	Gross receipts	18,326	-		18,326
	3	Less Contributions Gross income (line 1 minus line 2)	18,326			18,326
	4	Cash prizes				
	5	Noncash prizes				
Cybellses	6	Rent/facility costs	3,387			3,387
אל ל	7	Food and beverages	2,549			2,549
200	8	Entertainment	440			440
	9 (	Other direct expenses	15,532			15,532
P		Net income summary Si	Add lines 4 through 9 in column ubtract line 10 from line 3, column aplete if the organization ar	n (d)	990 Part IV line 19 o	21,908 -3,582
_			on Form 990-EZ, line 6a	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 (	Gross revenue		biligo/progressive biligo		cor (a) unough on (c))
	2 (	Cash prizes				
Carca Lapanora	3	Noncash pnzes				_
5	4 1	Rent/facility costs				
		Other direct expenses Volunteer labor	Yes %	Yes %	6 Yes %	6
	7					
	8	Net gaming income sum	mary Subtract line 7 from line 1,	column (d)	•	
а	Is th		he organization conducts gaming to conduct gaming activities in ea			Yes No
		e any of the organization es," explain	n's gaming licenses revoked, sus	pended, or terminated during	the tax year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2017 Saginaw-Shiawassee Habitat **-**	*9180 <u></u>	Page 3
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		
а	The organization's facility	13a	<u>%</u>
ь	An outside facility •	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records		
	Name ▶		
	Name >		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes No
ь	If "Yes," enter the amount of gaming revenue received by the organization  sand the	ш	
_	amount of gaming revenue retained by the third party ▶\$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ►		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶\$		
	The state of the s		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
''a	Is the organization required under state law to make chantable 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 ▶\$		
Par	t 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	informatio	n
	See instructions		
	,		
	•		
	·		
	Schedule G (Fo	rm 990 or 99	90-EZ) 2017

# SCHEDULE M (Form 990)

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

OMB No 1545-0047

Open To Public Inspection

(d)

Department of the Treasury Internal Revenue Service Name of the organization

| Part I |

Attach to Form 990

(a)

▶ Go to www irs gov/Form990 for the latest information

(b)

Saginaw-Shiawassee for Humanity Types of Property

e Habitat Employer identification number \*\*-\*\*9180

		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution	n amounts		
1	Art — Works of art		<u> </u>	-				
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							
	Securities — Publicly traded							
	Securities — Closely held stock							
	Securities — Partnership, LLC,		-:-					
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation			- 1 - 11				
	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	Χ	90	16,213	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (Use of equip )	Χ	17	28,799	FMV			
26	Other ▶ (House materials	Χ	26	54,330	FMV			
27	Other ▶( Land )	Χ	1	19,500	FMV			
28	Other ▶( Other )	X	10	28,280	FMV			
29	Number of Forms 8283 received by	the orga	nization during the tax	year for contributions for				
	which the organization completed F	Form 8283	3, Part IV, Donee Ackn	owledgement	29			
							Yes	No
30a	During the year, did the organization		•					
	28, that it must hold for at least three	ee years f	rom the date of the initi	at contribution, and which	isn't required			الحيا
	to be used for exempt purposes for		e holding period?			30a		X.
	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptance	e policy that requires the	e review of any nonstanda	ard			اــــا
	contributions?					31		X
32a	Does the organization hire or use t	hird partie	es or related organization	ns to solicit, process, or s	ell noncash			.,
	contributions?					32a		X,
	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	in (a) is checked,			
	describe in Part II			_		Sabadula M (5		

| 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
► Go to www.rrs.gov/Form990 for the latest information.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Saginaw-Shiawassee Habitat for Humanity

Employer identification number

OMB No. 1545-0047

Open to Public

\*\*-\*\*\*9180

Form 990 - Additional Information

This return is being filed with information that could change. The organization has hired a firm to investigate some irregularities that could have an impact on the June 30, 2018 return. The investigation is not yet complete and the organization could not wait any longer in order to comply with the filing requirements and no additional extensions of time were allowed. If there are significant changes this return may be amended.

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 15b - Compensation Process for Officers Executive Director approves all other employees' wages.

Schedule O (Form 990 or 990-EZ) (2017	<b>'</b> )	Page <b>2</b>
Name of the organization		Employer identification number
<u>Saqınaw-Sh</u> iawassee	Habitat	**-***9180

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

Form 990, Part XI - Additional Information

Prior period adjustment of (36,761) for inventory and accounts payable