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Department of the Treasury

Extended to May 15, 2018

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

1 2016 Do not enter social security numbers on this form as it may be made public!

OMB No 1545-0047 16 Open to Public

inter	nal Reve	nue Service	▶ Information about F			is at w	vw.irs.g	ov/form990		Inspection
Α	For th	e 2016 calen	dar year, or tax year beginning	JUL 1,	2016 an	d ending	g JU	N 30,	2017	
В	Check If applicab	C Name	of organization) Employe	r identifica	ation number
	Addre	зе ПАБ.	ITAT FOR HUMANITY N	MIDDLE	EAST					
	Name	ge Doing l	business as						52-21	82590
	Initial return	Numbe	er and street (or P.O. box if mail is not de	elivered to stre	eet address)	Room/	suite	Telephon	e number	
	Final		4 K STREET NW, SUIT	re 60					800-4	22-4828
_	termir ated	City or	town, state or province, country, and	d ZIP or fore	ign postal code		<u></u>	Gross receip	ts \$	376,511.
╘	Amen	WASI	HINGTON, DC 20005				!	I(a) Is this a	group reti	
_	Applii tion pendi	_ F Name	and address of principal officer MIF PEACHTREE STREET NV			א הד אות	ıma.		ordinates?	Yes X No
_	Tayay		X 501(c)(3) 501(c)(re 1300, 2		1527			
	Websi		30 1(c)(3) 30 1(c) ()◀ (insert n	10.) 4947(a)(1	1) 01 L				st (see instructions)
			X Corporation Trust A	Association	Other >		Voor of	tormation 1	Q Q QI	number ► 8545 State of legal domicile: DC
	art I	Summar		155001411011	Caler P	<u> </u>	rear or	iormation 1	. J J J M	State of legal domicile. DC
_	T		ibe the organization's mission or mos	t significant	activities HAB	TTAT	FOR	HIIMAN	тту м	TDDLE EAST
Governance	1	(HFHME	·							
ā	2	Check this b								
Š	3		oting members of the governing body			osea oi	inore u	Idii 25% (I	2	eis 1
Ğ	4		idependent voting members of the go		•	Λ			4	
Š	5		r of individuals employed in calendar	Ū		,			5	0
Activities &	6		r of volunteers (estimate if necessary	•	-art v, line za)					0
÷	1 -		ed business revenue from Part VIII, c	·	2010				6	0.
ĕ			d business taxable income from Form)			7a	0.
	+	ivet dimenated	1 business taxable income from Form		34		T	Dries Vee	7b	
Revenue	8	Contribution	s and grants (Part VIII, line 1h)	M	AY 0 8 2018	OSC	-	Prior Yea 563,		Current Year 165,946.
	9		vice revenue (Part VIII, line 2g)	æ ""	711 00 2010	ङ्ग		303,	5 0 .	0.
	10	-	ncome (Part VIII, column (A), lines 3, 4	1 and 7d)	0.00	≅	<u> </u>	1.0	668.	0.
æ	11		ie (Part VIII, column (A), lines 5, 6d, 8		<u> </u>	- i			0.0	210,565.
	12		e - add lines 8 through 11 (must equa					574,		376,511.
	13		imilar amounts paid (Part IX, column						538.	279,483.
	14		to or for members (Part IX, column ('/				0.	0.
s		-	er compensation, employee benefits		ımn (Δ) lines 5.10	1)	\vdash	283,		259,638.
Expenses	16a		fundraising fees (Part IX, column (A),	•	arriir (ry, iirles 5-16	''			0.	0.
per	h		sing expenses (Part IX, column (D), lir			0.	74	1887		
Щ	17		ses (Part IX, column (A), lines 11a-11c	•			12 <u>2 - 1</u>	147,		135,698.
	1	-	es Add lines 13-17 (must equal Part	. ,	Δ) line 25)			441,		674,819.
	1	•	s expenses Subtract line 18 from line	,	, y, iii lo 20)				519.	-298,308.
P S							Begir	ning of Curre		End of Year
ets	20	Total assets	(Part X, line 16)					2,310,		1,976,439.
Net Assets or Fund Balances	21		s (Part X, line 26)						212.	60,909.
E E	22		r fund balances Subtract line 21 from	n line 20				2,223,		1,915,530.
		Signatur								
Und	ler pena	alties of perjury	, I declare that I have examined this return	, including aci	companying schedu	les and st	atement	ts, and to the	best of my k	nowledge and belief, it is
true	, correc	ct, and complet	e. Declaration of preparer (other than offic	er) is based o	n all information of v	which pre	parer ha	s any knowle	dge.	
			911//11/					7	5111	8
Sig	n	Signatu	re of officer					Date		
Hei		MIKI	E CARSCADDON, TREAS	SURER						
		Type or	print name and title						_	
		Print/Type pro	eparer's name	Preparer's s	signature		Dat	e	Check	PTIN
Pai	d	'.'		'	_				if self employed	
Pre	parer	Firm's name	>	*				Firm's	s EIN 🛌	
Use	Only	Firm's addres	S N							.,
			-					Phon	e no.	
Ma	v the II	RS discuss th	ns return with the preparer shown ab	ove? (see in:	structions)					Yes No.

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

ld	Other program services (Describe in Schedule O) $$

(Expenses \$ including grants of \$

Total program service expenses ▶ 64

645,299.

Form 990 (2016)

) (Revenue \$

Form 990 (2016) HABITAT FOR Part IV Checklist of Required Schedules

52-2182590

 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X g Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X g Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X g Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII g Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional g Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E d Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service a				Yes	No
 Is the organization required to complete Schedule B, Schedule of Contributors? 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 Section 801(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 Is the organization as section \$01(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts to presence open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part X If the organization, directly or through a related organization, hold assets in temporarily restricted en	1				
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Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VIII d 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 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 IVIII 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 1 Did the organization report an amount for other liabilities 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 X 1 Did the organization obtain separate in other liabilities 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 X 1 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedu	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7	-	
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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III					
complete Schedule G, Part III			18		<u> </u>
			40		Х
		Complete Schedule O, Falt III	19 Form	990 /	2016)

Part IV	Checklis	st of Requir	red Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			
Ī	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27 A&	Service Control	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	卷.	مرا فرگ	施
_	instructions for applicable filing thresholds, conditions, and exceptions)	28a	-unu-b	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		-
٠	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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 conservation	<u> </u>		
••	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25-	Part V, line 1	34 35a	 ^``	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
Ü	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-charitable related organization?		1	
55	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 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	(2016

632004 11-11-16

Part V Statements Regarding Other IRS Filings and Tax Compliance

b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?		Check if Schedule O contains a response or note to any line in this Part V			
1a Inter the number reported in Box 3 of Form 1096. Enter-0 in not applicable be fitter the number of Forms W3C floudeded in the 1 at Enter 0 in not applicable be 1 b				Yes	No
b Enter the number of Forms W2G included in line 1s Enter o J. Including nuls for reportable payments to vendors and reportable garning (garmbing) winnings to prize winners? (aminting) winnings to prize winners? (aminting) winnings to prize winners? (a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2s, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have winnered business gross scored of \$1.000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O 4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bine account, secretic account, or other financial account?) b If "Yes," and the did a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O 1b If Yes," and the first the name of the foreign country \$\frac{\text{Egypt}}{\text{USIDED}}\$\text{VOID}\$\text{USIDED}\$\text{VOID}	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	Æ,	og.	
a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2 as greater than 250, you may be required to e-life (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a If If Yes, 1sh as I field a Form 990 To fir this year If W5. 10 line 30, provide an explanation in Schedule D 5a If Yes, 1sh as I field a Form 990 To fir this year If W5. 10 line 30, provide an explanation in Schedule D 5b If Yes, 1sh as I field a Form 990 To fir this year If W5. 10 line 30, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5b If Yes, 1sh one Sar of Sb, did the organization have an interest in, or a significant school and the organization school and any contributions for filter greaterents for Foreign 886672 6a Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization school any contributions that were not tax deductibles as charitable contributions? 6b If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible is a charitable contribution and partly for goods and services provided? 7c pranizations that may receive deductible contributions under section 170(c). 8d If Yes, 1 did the organization notify the donor of the value of the goods or services provided? 7d If Yes, 1 did the organization receive a payment in excess of \$75 made partly as a contribution of authority of which it was required to the Form 18896 as required? 7c pranizations that may receive deductible contributions of undertity, to pay premiums on a personal benefit contract? 9d If	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	, v		1977
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the celendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization field ill required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Dd the organization have unrelated bissenses gross income of \$1,000 or more during the year? 5a If Yes, "has at field a Form 990-T for this year? If "No." to fine 3b, provide an explanation in Schedule O 5b If Yes," and the dar form 990-T for this year? If "No." to fine 3b, provide an explanation in Schedule O 5c If Yes," to line 5a or 5b, did the organization has a third as coount, or other financial account)? 5a Was the organization and the trorgen country. BEQYPL J. JOT Gall 5a Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes," to line 5a or 5b, did the organization fiel Form 8868-T? 6a Does the organization and under whe every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 5c If Yes," did the organization module with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations are apyment in excess of \$15 made partly as a confribution and party for goods and services provided? 7c Did the organization networe a payment in excess of \$15 made partly as a confribution and party for goods and services provided to the payor? 7c Did the organization selection and payment in excess of \$15 made partly as a confribution and party for goods and services provided to the payor of the value of the goods or services provided? 7c Did the organization selection and payment in excess of \$15 made party as a confribution and party for goods and services provided? 7c Did the organization received a contrib	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		/_ ` _	,0
filed for the calendar year ending with or within the year covered by this return b If a least one is reported on line 2a, did the organization life all required federal employment tax returns? 2b Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-life (see instructions) 3a If If Yea, "has it filed a Form 990 To fir this year" If You, 1 for its 90, you may be required to e-life (see instructions) 3b If Yea, "has it filed a Form 990 To fir this year" If You, 1 for its 90, your you may be required to e-life (see instructions) 3b If Yea," when the name of the foreign country Yea, 1 as a bank account; you make a sum ka account, you or other invarious or septiments for Fince Invarious or other invarious or other invarious or septiments of Fince Invarious or other invarious or septiments of Fince Invarious or other invarious or septiments of Fince Invarious or septiments		(gambling) winnings to prize winners?	1c]
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3a D X If Yes, "In start filed a Form 990-1 for this year? If "No," to Image, proude are explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securine) account, or other mancial accountry? 5b If Yes," enter the name of the foreign country ► Egypt, JOrdan See instructions for filing requirements for FinCNF Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "Ioline Sax or 5b, did the organization in that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "Ioline Sax or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If Yes, "Ioline sax or 5b, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes, "Idle the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes, "Indicate the number of Forms 8282 filed during the year 9c Dd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 9c Dd the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1090-C? 10 Dd the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1090-C? 11 Dd the organization received a contribution of cars	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it filed a Form 980-T for this year" if "No." to fine 30, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If "Yes," either the name of the foreign country ► Egypt J. Jordan 5ee instructions for fitting requirements for FinchF Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions of the contributions of the second shelt in the party of the organization receive a payment in exess of \$15 made party is a contribution and party for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 8b If "Yes," indicate the number of Forms 8828 filed during the year 9b If "Yes," indicate the number of Forms 8828 filed during the year 1c If If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 1c If the organization necewed any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1c If the organization received a cont		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ر پیرست	14	**************************************
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," either the name of the foreign country \(\begin{align*} \be	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b if "Yes," enter the name of the foreign country ▶ EGYDE, Jordan See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," in the fax or 5b, of the organization file Form 18861? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7e Did the organization unumber of Forms 8282 filed during the year 9 Did the organization feeder a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization make any stable distributions under section 4968? 9 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization have excess business holdings at any time during	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	` .	780	(24
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			• -	->-	<u> </u>
		, ,			X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	

Form 990 (2016) HABITAT FOR HUMANITY MIDDLE EAST

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b be

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4 🚎	75° '	遊
	If there are material differences in voting rights among members of the governing body, or if the governing			1.		福.
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			i inc.	1 16	A.
b	Enter the number of voting members included in line 1a, above, who are independent	1b		0	, c_,	(1) (E)
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other	1.		/, -,
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			_3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	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,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following.			7 77
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			, , , , , , , , , , , , , , , , , , ,	نئيت	- 10 m
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	In Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	-	dependent	ر الرسمي الأحراكة	17 T	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					1
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b	A	X
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1 135	1,45	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a	= 3/1.	حقت تم	200
	taxable entity during the year?			16a	377	X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the		= '		4 15 2	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
500	exempt status with respect to such arrangements? tion C. Disclosure			16b		
	List the states with which a copy of this Form 990 is required to be filed ▶DC					
17		. (0 !	504(-)(0)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	on 501(c)(3)s only) availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain)	in Cat	andula (1)			
10						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	IIIICT O	i interest policy, a	na tinan	cial	
20	statements available to the public during the tax year	ale - :	.da.a.u.d- 🕨			
20	State the name, address, and telephone number of the person who possesses the organization's bound MIKE CARSCADDON $-404-962-3405$	oks an	u recoras 🟲			
	270 PEACHTREE STREET NW, SUITE 1300, ATLANTA, GA	303	03	_		
632006	11-11-16	505	<u> </u>	Form	990	2016)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	nore	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	CCI ai	l	III GCI	I	100,	from	from related	other
	(list any hours for	directo		ļ		L		the organization	organizations (W 2/1099-MISC)	compensation from the
	related	Se or	stee	İ		rsate	1	(W-2/1099-MISC)	(** 2/ 1033	organization
	organizations	trust	lal tru) yee	adwo		,		and related
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	밀	Inst	₽	Key	毛	P.			
(1) TJADA MCKENNA	0.25		l						010 006	40 540
CHAIR	55.00	X	_	Х	_		_	0.	218,896.	40,519
(2) TORRE NELSON	0.25			٦,					170 000	00 503
VICE-CHAIR	55.00	L _X	<u> </u>	Х		<u> </u>	<u> </u>	0.	170,292.	22,503
(3) AARON LEWIS	0.25 45.00	.		٦,				0.	147 000	27 422
SECRETARY (A) MICHAEL CARCARDON	0.25	Х	<u> </u>	Х	-			0.	147,982.	27,423
(4) MICHAEL CARSCADDON TREASURER	55.00	v	ļ	X			ļ	0.	186,806.	16,290
(5) GREGORY FOSTER (UNTIL 1/17)	0.25	^	-	Λ	<u> </u>	├		0.	100,000.	10,290
VICE-PRESIDENT	50.00	v		х			Ì	0.	175,185.	0
VICE-FRESIDENI	30.00	1	-			┢	\vdash	ļ	173,103.	
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Form 990 (2016)

Part VIII Section A. Officers, Directors, Trus		ploy 	ees			ghe	st C					
(A) Name and title	(B) Average hours per week	box	not c unle	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estimate amount other	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s SC)	compens from the organization and relations organizations	ation he ation ated
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1b Sub-total c Total from continuation sheets to Part VI	I, Section A						>	0.	899,1	0.	106,7	0.
 d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization 	ot limited to th	ose	liste	ed al	oove	e) wł	no re	<u> </u>	899,1 0,000 of reportab		106,7	0
3 Did the organization list any former officer,	director, or tru	uster	e, ke	ey er	nplo	yee,	or	highest compensated e	mployee on		Yes	4,15
Inne 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	ım of reportab								the organization	2	3 4 X	X
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," companies to the organization? 	ccrue comper	nsatı	on f	rom	any	unr unr			dual for services		4 X 5	X
Section B. Independent Contractors							4		\$100,000 of			
Complete this table for your five highest countries the organization. Report compensation for the organization for the organization.										препѕат	ion irom	
(A) Name and business	address	NC	ONE	₹				(B) Description of s	ervices	Cor	(C) mpensatio	on
2 Total number of independent contractors (ii	neludina but a	ot l	mıte	d to	the			d above) who received a	nore than	<i>5</i> 27	§. \\	
\$100,000 of compensation from the organiz				J 10		0		above, who received in	iore triait	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	مس ۱۹۵۸	(%) (0010)

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Form 990 (2016)

Check if Schedule Contains a response or not to tary in en this Part VIII 1 1 1 1 1 1 1 1 1	تت	[_	Check if Schedule O conti	ains a response o	or note to any lir	ne in this Part VIII			
d Related organizations e Government grants (contributions) 1 Allother contributions, girls, grants, and similar arounats not included above 1 Total. Add lines 1a-11 2 a b 1 Total. Add lines 1a-11 1 All other program service revenue 2 Total. Add lines 2a-21 3 Investment income including dividends, interest, and other smilar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royaltes 6 a Gross rents 6 b Less rental expenses 6 c Rental income or (loss) 7 a Gross amount from ables of assess to ther than revent organization of the smilar amounts) 9 Less cost or other bass and sales expenses 0 C Gam or (loss) 1 All other program service revenue 1 (l) Real (l) Personal 6 a Gross rents 6 b Less rental expenses 6 c Rental income or (loss) 7 a Gross amount from ables of assess to ther than revent organization of the smilar amounts organization of the smilar amounts organization of the smilar amounts organization organization organization of the smilar amounts organization organi	1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000					(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512 - 514
d Related organizations e Government grants (contributions) 1 Allother contributions, girls, grants, and similar arounats not included above 1 Total. Add lines 1a-11 2 a b 1 Total. Add lines 1a-11 1 All other program service revenue 2 Total. Add lines 2a-21 3 Investment income including dividends, interest, and other smilar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royaltes 6 a Gross rents 6 b Less rental expenses 6 c Rental income or (loss) 7 a Gross amount from ables of assess to ther than revent organization of the smilar amounts) 9 Less cost or other bass and sales expenses 0 C Gam or (loss) 1 All other program service revenue 1 (l) Real (l) Personal 6 a Gross rents 6 b Less rental expenses 6 c Rental income or (loss) 7 a Gross amount from ables of assess to ther than revent organization of the smilar amounts organization of the smilar amounts organization of the smilar amounts organization organization organization of the smilar amounts organization organi	nts nts	1	а	Federated campaigns	1a			THE THE PARTY OF	Marine State of State	- m - 12/m - 12/m 2 6/2
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Business Code Page 2	ī, m		е	Government grants (contribut	ions) 1e		July 22 193	The state of the s	\$ 7	
Business Code Page 2	ΪŠ		f	All other contributions, gifts, grant	ts, and			WELLS WITHOUT		
Business Code Page 2	t be			similar amounts not included above	ve 1 1 1	15,774.	新			The state of the s
Business Code Page 2	E G		g	Noncash contributions included in lines	1a-1f \$			13 11 10 5		3
Page 2 a b b b c c c c c c c c c c c c c c c c	<u>ဒိ ဧ</u>		h	Total. Add lines 1a-1f					透光 海小	\$5 M
Total Add lines 2a 2f Total Add lines 2a 2f Total Add lines 2a 2f Total Add lines 11a-11d Total revenue						Business Code			35	E 43 207
Total Add lines 2a 2f Total Add lines 2a 2f Total Add lines 2a 2f Total Add lines 11a-11d Total revenue	<u>c</u>	2	а							
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3	₫.		f	All other program service reve	nue					
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Income from investment of tax exempt bond proceeds Some partial received		3		Investment income (including	dividends, intere	st, and				
Social Registration				other sımılar amounts)		>				
G a Gross rents (i) Real (ii) Personal		4		Income from investment of tax	x-exempt bond p	roceeds 🕨				
Bess cost of goods sold bess cost of goods sold continuous error (loss) from gaming activities and allowances bess cost of goods sold bess cost of goods sold continuous error (loss) from sales of inventory bess cost of goods sold bess cost of goo		5		Royalties						
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7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or		ŀ	С	Rental income or (loss)					913 /	والمراكبة المراكبة ا
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			d	Net rental income or (loss)						
b Less cost or other basis and sales expenses c Garn or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		7	а	Gross amount from sales of	(i) Securities	(II) Other	海 2275 美			
and sales expenses c Gain or (loss) d Net gain or (loss) d Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cort of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RECOVERED LOAN b SALE OF MERCHANDISE c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. D All Sales of inventory Policy Sales of sales of inventory Policy Sales Sales of inventory Policy Sales Sal				assets other than inventory					Aller Jes	\$ 4 m
C Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RECOVERED LOAN b SALE OF MERCHANDISE c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. D		ļ	b	Less cost or other basis						
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses		ĺ		and sales expenses						A 185
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RECOVERED LOAN 900099 210,562. 210,562. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			С	Gain or (loss)					379	
Including \$ of contributions reported on line 1c) See Part IV, line 18			d	Net gain or (loss)						
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RECOVERED LOAN b SALE OF MERCHANDISE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. D Allower from gaming activities See Part IV, line 19 a Business Code Business Code 210,562. 210,562. 0. 0. 3.				contributions reported on line	1c) See					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RECOVERED LOAN b SALE OF MERCHANDISE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. D Allower from gaming activities See Part IV, line 19 a Business Code Business Code 210,562. 210,562. 0. 0. 3.	ē			Part IV, line 18	a			the same		The mark to the
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RECOVERED LOAN b SALE OF MERCHANDISE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. D Allower from gaming activities See Part IV, line 19 a Business Code Business Code 210,562. 210,562. 0. 0. 3.	¥		b	Less direct expenses	ьĮ					4 2
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RECOVERED LOAN b SALE OF MERCHANDISE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. Description Descrip	_								900	
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a RECOVERED LOAN b SALE OF MERCHANDISE c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. b Less direct expenses code c Less direct expenses b Less direct expenses code c Less direct		9	а		tivities See		[漢] [漢] [漢]	"新"。"有关基"。 "	· 14.	24 TI 1
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b SALE OF MERCHANDISE 900099 3. 0. 3. d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 900099 3. 0. 3. 210,565. 210,562. 0. 3.			_		e	Business Code	210 66	210 562		<u> </u>
c d All other revenue e Total. Add lines 11a-11d ▶ 210,565. 12 Total revenue. See instructions. ▶ 376,511. 210,562. 0. 3.					nter			Z1U,50Z.		
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e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 210,565. 376,511. 210,562. 0. 3.				All addresses			 	_	 	
12 Total revenue. See instructions. ► 376,511. 210,562. 0. 3.					1		210 565	Market Market 1	 物本:30米 3102	Right J P To Liv
		1	е					210 562		3
		_					7,0,711.	410,302.		Form QQO (2016)

Part IX Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must com	·		omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			· · · · · · · · · · · · · · · · · · ·	
	and domestic governments. See Part IV, line 21			3,300,000	S
2	Grants and other assistance to domestic				a distribution
	ındıvıduals See Part IV, line 22				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	070 400	0.70 400	The state of the s	
	ındıvıduals See Part IV, lines 15 and 16	279,483.	279,483.	AND 10 10 10 10 10 10 10 10 10 10 10 10 10	the difference of the state of
4	Benefits paid to or for members		<u> </u>	Brand Basse	1 - A 10
5	Compensation of current officers, directors,				
	trustees, and key employees				 -
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	227,793.	227,793.	<u> </u>	<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34 84=	24 275	<u> </u>	
9	Other employee benefits	31,845.	31,845.		
10	Payroll taxes				ļ
11	Fees for services (non-employees)				
а	Management	2,006. 15,703.		2,006. 15,703.	
b	Legal	15,703.		15,703.	
С	Accounting	6,554.		6,554.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			地名 医原生	
f	Investment management fees				
g	•				
	column (A) amount, list line 11g expenses on Sch O.)	5,257.	·	5,257.	
12	Advertising and promotion	5,330.	5,330.		
13	Office expenses	21,069.	21,069.		
14	Information technology	1,974.	1,974.		
15	Royalties				
16	Occupancy	16,583.	16,583.		
17	Travel	13,917.	13,917.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,527.	10,527.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,765.	19,765.		
23	Insurance	10,735.	10,735.		
24	Other expenses. Itemize expenses not covered	数、数多次型		医腹膜 医腹壁	[·松子基子子基]
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	A	7. 7. 27.50	The state of the s	1、"学"、沙漠
	amount, list line 24e expenses on Schedule 0.)	The Barry of	The same and the same and the same and	· 新聞歌歌歌 - " · · · · · · · · · · · · · · · · · ·	13 130" . L. 161
а	REPAIRS AND MAINTENANCE	1,946.	1,946.		
b	CAR REGISTRATION	1,541.	1,541.		
С	LITERATURE AND SUBSCRIP	1,377.	1,377.		
d	TAXES	282.	282.		
е	All other expenses	1,132.	1,132.		
25	Total functional expenses. Add lines 1 through 24e	674,819.	645,299.	29,520.	0.
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 If following SOP 98-2 (ASC 958-720)				<u> </u>
	0.11-11-16	·			Form 990 (2016)

632010 11-11-16

	t X	Check if Schedule O contains a response or note to	o any line in this Part X			
			· · · · · · · · · · · · · · · · · · ·	(A)	Γ	(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		283.	1	283.
	2	Savings and temporary cash investments		1,220,342.	2	836,585.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		745,352.	4	751,987.
	5	Loans and other receivables from current and form	er officers, directors,		<u> </u>	Carried States
		trustees, key employees, and highest compensate	d employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	d persons (as defined unde	er State Sta		
		section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributi	ng 🔭 💮 💮	2 × 4 ,	
		employers and sponsoring organizations of section	501(c)(9) voluntary	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Janear	and broken and a second war
ets		employees' beneficiary organizations (see instr) C	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		278,702.	7	343,206.
,	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,279.	9	4,417.
	10a	Land, buildings, and equipment cost or other			墨:	
		basis Complete Part VI of Schedule D	0a 148,00		41,	المستحدث المستحد المستحد المستحدد المستحد المستحدد المستحدد المستحدد المستحدد المستحدد المستحدد المستحد المستحد المستحدد المستحد
	b	•	ob 108,04	2. 59,726.	10c	39,961.
	11	Investments - publicly traded securities			11	
	12	Investments other securities See Part IV, line 11		12		
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal I	ne 34)	2,310,684.	16	1,976,439.
	17	Accounts payable and accrued expenses		87,212.	17	60,909.
i	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Par		1 01 1 22	21	
2	22	Loans and other payables to current and former of			1 % " 1	A Company of the Comp
		key employees, highest compensated employees,	and disqualified persons	The Michigan		
Liabilities		Complete Part II of Schedule L			22	
- 1		Secured mortgages and notes payable to unrelate	•		23	
i	24	Unsecured notes and loans payable to unrelated the	•		24	
	25	Other liabilities (including federal income tax, payal				
		parties, and other liabilities not included on lines 17	'-24) Complete Part X of			
		Schedule D		07.010	25	60.00
	26	Total liabilities. Add lines 17 through 25	. 37	87,212.	26	60,909.
		Organizations that follow SFAS 117 (ASC 958), o			y parties	
Ses		complete lines 27 through 29, and lines 33 and 3	14.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Z.	والمستعدد المستريد المسترية
<u>a</u>	27	Unrestricted net assets		2,223,472.	27	1,915,530.
<u>a</u>		Temporarily restricted net assets			28	
[29	Permanently restricted net assets		Full head of the control A. Comment of the	29	Committee the same of the same
[]		Organizations that do not follow SFAS 117 (ASC	958), check here			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5		and complete lines 30 through 34.			15×21	market in the second
ser		Capital stock or trust principal, or current funds			30	<u> </u>
2		Paid in or capital surplus, or land, building, or equip			31	
٠ ا	32	Retained earnings, endowment, accumulated incom	ne, or other funds	0.002.470	32	1 045 500
der /						
Net Assets of Fund balances	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances		2,223,472.	33 34	1,915,530. 1,976,439.

Form **990** (2016)

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

X

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2016
Open to Public

OMB No 1545-0047

Name of the organization

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

	_			MANITY MIDDL					<u>2-2182590</u>		
Pa	rt [Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) Se	ee instruction:	s			
The	organ	ization is not a private found	fation because it is (For lines 1 through 12, o	heck only	one box)		_		_	
1		A church, convention of ch	urches, or association	on of churches describe	d ın sectio	n 170(b)(1	I)(A)(i).		f	/	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ))				/	
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ıi).				
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(ıii). Enter	the hospital's name,		
		city, and state									
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental i	ınıt describ	oed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II)								
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	-					he general	public described in		
		section 170(b)(1)(A)(vi). (C			Ŭ			3	,		
8		A community trust describe		(1)(A)(vi). (Complete Par	t II)						
9		An agricultural research org			•	ed in conii	inction with a	land-grant	college		
		or university or a non-land				-		-	-		
		university	g				,,		,		
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sur	port from	contributi	ons members	ship fees a	and gross receipts from	— n	
		activities related to its exer									
		income and unrelated busin	-	•					•	•	
				(1000 00011011 011 10/1) 11	om basine	oooo doqe	med by the ci	garnzanori	anter darie do, 10,0		
11		See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
12	一	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 or	•		•			•	•		
		lines 12a through 12d that	-						oricon the box in		
а		Type I. A supporting orga						-	/ alvina		
_	L	the supported organization	•	· ·							
		organization You must o	• •		a majority t	or tine dire	ctors or traste	.03 01 1110 0	аррогинд		
b		Type II. A supporting org	•		tion with it	e sunnort	ed organizatio	n(s) hy ha	ivina		
~		control or management o	•				•		•		
		organization(s) You mus			arric perse	ms that co	ontroi or mane	ige the sup	ported		
_		Type III functionally inte	-		in connec	tion with	and functions	lly integrat	ed wath		
٠	·	its supported organizatio						ny integrat	ed with,		
d		Type III non-functionally						rted organi	ization(s)		
		that is not functionally int						-			
		requirement (see instruct						an alteni	iveriess		
е		Check this box if the orga	•					II. Type III			
C		functionally integrated, or					i type i, type	ii, Type iii			
	Ento	er the number of supported	• •	nally integrated support	ing organiz	zation				\neg	
'		rifie number of supported tribes the following information	•	od organization(s)						_	
9		i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	—	
	•	organization		(described on lines 1 10	m your governi	No No	support (see in	-	support (see instructions	s)	
				above (see instructions))						_	
										_	
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		·	1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	and the second of the second	10, 8 . 32	. 1 \$±√-56° 6 1			 	—	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1122982.	778,412.	568,292.	563,940.	165,946.	3199572.
2	Tax revenues levied for the organ-						
	ization'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	1122982.	778,412.	568,292.	563,940.	165,946.	3199572.
5	The portion of total contributions		N. Carlotte				
	by each person (other than a				The state of the state of		
	governmental unit or publicly						
	supported organization) included			المرتب التوليق المراس المواقع المراس المواقع المراس التوليق المراس التوليق المراس المراس المراس المراس المراس ا			
	on line 1 that exceeds 2% of the				* 一家学の		
	amount shown on line 11,						
	column (f)	3501	270942 1746	A STATE OF THE STA	W. A. W.	Carrier Control	0400550
	Public support. Subtract line 5 from line 4	THE RESERVE		A Court of Many South	经工作的		3199572.
	tion B. Total Support	Γ					
	ndar year (or fiscal year beginning in)	(a) 2012 1122982.	(b) 2013 778,412.	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1122902.	110,412.	568,292.	563,940.	165,946.	3199572.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	17,749.	6,085.	1,728.	0.	0.	25 562
_	and income from similar sources	11,143.	0,003.	1,/20.	- 0.	0.	25,562.
9	Net income from unrelated business						
	activities, whether or not the	1					
40	business is regularly carried on						
IU	Other income Do not include gain						
	or loss from the sale of capital	48.		33.		3.	84.
44	assets (Explain in Part VI) Total support. Add lines 7 through 10		The state of the s	200	AL SELECTION		3225218.
	Gross receipts from related activities,			5 (1) CP 45 ~ E	white a many with	<u>でいめがらっていて。。</u> 12	3223210.
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	av voar as a soctio	<u></u>	
15	organization, check this box and stop		inst, second, triin	u, rourin, or min te	ix year as a section	11 30 1 (0)(3)	
Sec	tion C. Computation of Publ		rcentage				
	Public support percentage for 2016 (olumn (f))		14	99.20 %
	Public support percentage from 2015			(1)		15	99.38 %
	33 1/3% support test - 2016. If the			n line 13, and line	14 is 33 1/3% or n	•	
	stop here. The organization qualifies	-				· · · · · · · · · · · · · · · · · · ·	\triangleright X
b	33 1/3% support test - 2015. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes		· ·		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Par	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"			•	•	ű	▶□
b	10% -facts-and-circumstances tes	-			-	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test	The organization o	jualifies as a publi	cly supported orga	anization	ightharpoons
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>▶</u>
					Scho	dule A (Form 990	or 900 E7) 2016

Schedule A (Form 990 or 990-EZ) 2016 HABITAT FOR HUMANITY MIDDLE EAST Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	clow, please comp	piete i ait ii j				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	\\.	(-,	\-/=-··	(47,24,4	(4,25.6)	(1) 10141
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,			_	1		
	merchandise sold or services per-				/	1	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				/	i l	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513			/	1		
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		/				
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	/	ľ				
	amount on line 13 for the year						
C	Add lines 7a and 7b			 -			
	Public support. (Subtract line 7c from line 6)		THE SAME	大学 ないない	医型型性温度		
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	/(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	/					
10a	Gross income from interest, dividends, payments received on	1					
	securities loans, rents, royalties	1					
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ		· .
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
40	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital				}		
	assets (Explain in Part VI)		-			 	
	Total support (Add lines 9, 10c, 11, and 12)	<u></u>					
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiza	ition,
50/	check this box and stop here ction C. Computation of Publ	io Support Po	roontago				
				-1 (0)		l de l'	
	Public support percentage for 2016 (column (t))		15	%
16 Sec	Rublic support percentage from 2015 ction D. Computation of Inve				· -	16	
				a 10 anti-ma (6)		147	
17/	Investment income percentage for 20 Investment income percentage from	•	``	ie 13, column (t))		17	%
18 / .10a		•	•	on line 44 cm d line	15 10 mars 4h = 1	18	%
/ ¹⁹⁸	33 1/3% support tests - 2016. If the						r is not
,	more than 33 1/3%, check this box a						▶ □
C	33 1/3% support tests - 2015. If the	-				·	na 🛌
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization of the	л ин пот спеск а	DUX OII IINE 14, 19	a, or 19D, check th			
0320	טו־ו ביכט ט.				ocn	edule A (Form 990	い 990-にん) 2016

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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_	10b		
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Ра	rt IV Supporting Organizations _(continued)			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		* / * 8	52
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	2 35		1
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	۶. ۹	·	13.08 A
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	4 6 6		3.0
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	100	5", "	
	controlled the organization's activities. If the organization had more than one supported organization,	1.	7	22.5-12.4-1
	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		<u></u>
2	Did the organization operate for the benefit of any supported organization other than the supported	, ,, ,,	.3	WAY!
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ر برید	٠ 	910
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	٠	- A-	
	supervised, or controlled the supporting organization	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	7.5	\$ " " 	135 2
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	* y .,	1	1997
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s)	1		L
Sec	tion D. All Type III Supporting Organizations			
	Diddha amanintan manidata and after a little and a little		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			35.7
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	13 41	1.	10 mg
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		·	أخنا
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's efficient directors, or triptoes other (i) appointed by elected by the organization.	1	~ ·	w(_)-d
_	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		19	
	the organization maintained a close and continuous working relationship with the supported organization(s)	فششف	المكليث	AL 100
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	6 A 4 A	1 Jan 2 }
Ū	significant voice in the organization's investment policies and in directing the use of the organization's	2 4	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	25 ·	5.	375
	supported organizations played in this regard	3	2	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		_	
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 inst	ructions	}	
2	Activities Test Answer (a) and (b) below.	ĺ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	3.3	E wife	- 58
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	- 50	1	12
	those supported organizations and explain how these activities directly furthered their exempt purposes,	3 34 13	- 1/4°	7
	how the organization was responsive to those supported organizations, and how the organization determined	45	14.0°	7
	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	1 (7)		J. 16.1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			5
	reasons for the organization's position that its supported organization(s) would have engaged in these	ا م اعتاد	T. 1.55.	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	- , · · · · · · · · · · · · · · · · · ·	, g, ,	5.44
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ار می است. ایر انهار باز	_ئىنى	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, se	-2-51	7 34 3
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

<u>r</u> a	rt/V: Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	(D) 0 114
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		· · · · · · · · · · · · · · · · · · ·	Control of the second
	instructions for short tax year or assets held for part of year)	in real	· · · · · · · · · · · · · · · · · · ·	CARL COMMENT
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	3	少明 北海 學 中國海	小学 "
	factors (explain in detail in Part VI)	3.49		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		my the same the same and the	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	题上 原理的	
2	Enter 85% of line 1	2	THE STATE OF THE S	
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	我们是想到一个事情	
5	Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		AND THE WAY	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		•	anization (see
	instructions)	, 9'	. 76 3-66 3 0.8	\===

Schedule A (Form 990 or 990-EZ) 2016

Pa	Type III Non-Functionally Integrated 509			72 2102330 Page 7
	on D - Distributions	(-)(-)	continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			· · · · · · · · · · · · · · · · · · ·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		-	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions	Distributable
	on E Distribution Anocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	です。 またの 本 · ア · ア · ア · ア · ア · ア · ア · ア · ア ·	1000 100 100 100 100 100 100 100 100 10	
2	Underdistributions, if any, for years prior to 2016 (reason-	一点 黄色 一种 计图		The same of the same
	able cause required explain in Part VI) See instructions	一年 學 经工作		Marie - 2 - 10 to the filter
3	Excess distributions carryover, if any, to 2016		是。"·清强多端空	· 一百年二十四年
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b	自己是在一种说。 网络自然 自然的 医皮肤上颌的	在一次 一种 一种	から というない ないない	5- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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<u>d</u>	From 2014	上於實際學 在200	高 了到的"沙埃克	The state of the s
<u>e</u>	From 2015	1 金城 和南北海	本于平均通常区域	· · · · · · · · · · · · · · · · · · ·
f	Total of lines 3a through e		was break him or hand?	"養官、軍官司 以養
<u> </u>	Applied to underdistributions of prior years	1次點(高級)。		139 27 4 2 1 A 1 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
<u>h</u>	Applied to 2016 distributable amount	with the state of	以金子是唯一城上	
i_	Carryover from 2011 not applied (see instructions)	The state of the s	一部で ようかはなって 強い	A THE WAY
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		· · · · · · · · · · · · · · · · · · ·	in the state of th
4	Distributions for 2016 from Section D,	民 智 翻 地名加克	科学 , 资外资 点型的	- Marine to the train with the
	line 7 \$	1 h		water to the state of the
a	Applied to underdistributions of prior years	The same of the same		医额色 满山地 鄉中
<u>b</u>	Applied to 2016 distributable amount	23 \$P\$12 \$P	Maria Maria Ma	
<u> </u>	Remainder Subtract lines 4a and 4b from 4		THE CARE LITT	The same of the sa
5	Remaining underdistributions for years prior to 2016, if			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	any Subtract lines 3g and 4a from line 2 For result greater	· 金子· · · · · · · · · · · · · · · · · ·		
	than zero, explain in Part VI See instructions	弘, 施山南、南山石		· 通常 · · · · · · · · · · · · · · · · · ·
6	Remaining underdistributions for 2016 Subtract lines 3h	THE WAR	到了一个一个	
	and 4b from line 1 For result greater than zero, explain in		The state of the s	
	Part VI See instructions		The Life Section	
7	Excess distributions carryover to 2017. Add lines 3j			1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	and 4c		"是是" "不是"	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8_	Breakdown of line 7	期分、高度、電腦	用原则。到到这些国际	· 1777年 18 18 18 18 18 18 18 18 18 18 18 18 18
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	Excess from 2013	Elen Table Table To the State of	BEAR TARES COME	with the state of the state
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b	Excess from 2014	The state of the s	TANK ANTONE	in how the system with
b c	Excess from 2014 Excess from 2015	The state of the s	THE RESERVE OF THE PARTY OF THE	The same of the sa

Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047 16 Open to Public Inspection A

Name of the organization

HABITAT FOR HUMANITY MIDDLE EAST

Employer identification number 52-2182590

Schedule D (Form 990) 2016

Pa	rt.[.] Organizations Maintaining Donor Advise		or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6 (a) Donor advised funds	/b) F	ada and ather accounts
	T	(a) Donor advised lunds	(D) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			······································
3	Aggregate value of grants from (during year)	-		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ea tunas	
	are the organization's property, subject to the organization's	J .		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	• •	-	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conterring	П., П.,
Pa	impermissible private benefit? ↑★ Conservation Easements. Complete if the or	ganization answered "Ves" on Form 990. I	Part IV Juno 7	Yes No
1	Purpose(s) of conservation easements held by the organizat		art IV, line 7	
•	Preservation of land for public use (e.g., recreation or		ariaalli i maaa	whomat lound areas
	Protection of natural habitat	· 🖂		
	Preservation of open space	Preservation of a cert	illed historic	structure
2	• •	fied concentration contribution in the form	-6	aban
~	Complete lines 2a through 2d if the organization held a qual	med conservation contribution in the form		
	day of the tax year Total number of conservation easements			Held at the End of the Tax Year
a b	Total acreage restricted by conservation easements		2a	
c	Number of conservation easements on a certified historic str	ruotura inaliidad in (a)	2b 2c	
d		, ,		<u> </u>
u	Number of conservation easements included in (c) acquired listed in the National Register	after 6/17/06, and not on a historic structi	2d	
3	Number of conservation easements modified, transferred, re	pleased extinguished or terminated by the		a during the tay
3	year	eleased, extinguished, or terminated by the	organizatioi	n duning the tax
4	Number of states where property subject to conservation ea	esement is located		
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements	J		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		envation eas	
•	>	, mailianing of trolations, and officioning conta	or valion cac	cinema daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva-	tion easemei	nts during the year
	▶ \$	aming or molecular, and ambrowing concerva		nio during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	h)(4)(B)(i)	
	and section 170(h)(4)(B)(II)?	,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement.	
_	include, if applicable, the text of the footnote to the organiza	•		•
	conservation easements		9	
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and bala	ance sheet works of art.
	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that descr		•	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e			·
	relating to these items	·	· ·	3
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gain, provid	ie
	the following amounts required to be reported under SFAS 1		J, p. 5716	
а	Revenue included on Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990. Part X			¢

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.				· · ·
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		 		
(3) Other				
(A)	-			
(B) (C)				·
(D)				
(E)		+		
(F)			· · · · · · · · · · · · · · · · · · ·	
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		12. 3. 200 mg	· · · · · · · · · · · · · · · · · · ·	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Part VIII Investments - Program Related.			-	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c See Form 990, F	art X, line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				·
(6)				
(7)				
(8)		ļ		
(9)		1 13 27 34 17 86 30 10 18 18	white a wide a first bradefina	or make the till the till the in the second
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets.		北京中海河南海沿南	でいる。このでは、	- the way and the second of the second
	on Form 000 Dort IV Inc	11d Cas Farm 000 F	Sant V. Irana d.F.	
Complete if the organization answered "Yes" (a)	Description	- 11d See Form 990, F	art X, line 15	(b) Book value
(1)	Boomphon			(b) Book Valde
(2)				
(3)				
	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)	·	-		
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line		990, Part X, line 25	
1. (a) Description of liability		(b) Book value	である。	
(1) Federal income taxes			The same	建独立设 持 沙
(2)		,		
(3)		,		
(4)				The state of the s
(5)			The state of the s	
(6)				
(7)		···	经 数4.1967章	
(8)			The second	
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lin	0.25)	<u>-</u>		。数据·依据 148
2. Liability for uncertain tax positions in Part XIII, provide		to the organization's fir	rancial 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 F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No 1545-0047

20 16

Open to Public Inspection

Name of the organization

Employer identification number

HABITAT FOR HUM				52-218259	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "\	es" on
Form 990, Part IV					
			ds to substantiate the amount of its gr		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
0	b B - 13/41				
2 For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of it	is grants and other assistance out	side the
	he following Part	t Line 3 table o	an be duplicated if additional space is	needed \	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		(f) Total
(a) Hogion	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	ın the region	independent contractors	gram services, investments, grants to		for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
		III tile region			
					l
Middle East and					
North Africa	2		PROGRAM SERVICES	HOME BUILDING	365,816.
Middle East and					
North Africa			GRANT MAKING		279,483.
Middle East and					
North Africa			INVESTMENTS		836,585.
		<u>. </u>	TAV 25 TABATS	-	830,383.
		:			
		·			
				-	
	, <u> </u>				
3 a Sub-total	2	0		E CARREL & FLORIST CONTROL	1,481,884.
b Total from continuation			THE WAY WAS TO SEE THE	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,401,004.
sheets to Part I	0	0			0.
c Totals (add lines 3a		-	であることでは、1985年 1985日 日本の大学を大学の大学を大学	The state of the s	· · · · · · · · · · · · · · · · · · ·
and 3b)	2	0	The state of the s	The state of the s	1,481,884.

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 HABITAT FOR HUMANITY MIDDLE EAST 52-2182590

Pärtil Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	HOME BUILDING	279,483.	279,483,WIRE TRANSFER	.0		
THE WAR								
A CONTRACTOR OF THE PARTY OF TH								
2 Enter total number of recipient organizations listed above that are the IRS, or for which the grantee or counsel has provided a section	number of recipient organizations for which the grantee or counsel		recognized as charities by the foreign country, recognized as tax-exempt by n 501(c)(3) equivalency letter	foreign country, i	ecognized as tax-ex	empt by		8
3 Enter total number of other organizations or entities	her organizations or	r entities				•		0

30

Schedule F (Form 990) 2016

52-2182590

Page 3

HABITAT FOR HUMANITY MIDDLE EAST

Schedule F (Form 990) 2016 HABITAT FOR HUMANITY MIDDLE EAST 52-2182590

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

(h) Method of valuation valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2016
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2016

Yes X No.

Yes X No

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713, do not file with Form 990)

Rart V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

Part I, Line 2:

Schedule F (Form 990) 2016

HABITAT FOR HUMANITY MIDDLE EAST (HFHME) IS A SINGLE MEMBER DC NONPROFIT CORPORATION. UNDER ITS ARTICLES OF INCORPORATION, HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI) IS THE SOLE MEMBER OF HFHME. IN ACCORDANCE WITH THE BYLAWS OF HFHME, THE HFHI BOARD OF DIRECTORS APPOINTS HFHME DIRECTORS AND OFFICERS. THEREFORE, HFHME IS CONSIDERED A CONTROLLED ENTITY OF HFHI. HFHME IS SUBJECT TO THE SAME MONITORING PROCESS AS HFHI FOR SENDING FUNDS OUTSIDE THE UNITED STATES. HFHI HAS NATIONAL ORGANIZATIONS (NO) THAT ARE REGISTERED AS LEGAL ENTITIES IN THE LOCAL COUNTRY AND BRANCHES THAT ARE NOT REGISTERED AS SEPARATE LEGAL ENTITIES. NATIONAL ORGANIZATIONS AND BRANCHES ARE REFERRED TO AS "AFFILIATES" IN THIS NARRATIVE. HFHI MONITORS THE USE OF FUNDS SENT OUTSIDE THE UNITED STATES THROUGH TERMS IN A BINDING NATIONAL AFFILIATION AGREEMENT (NAA) BETWEEN HFHI AND ITS AFFILIATES. THE AFFILIATES MAY APPLY FOR AN AWARD OF PROGRAM FUNDS OR LOANS PERIODICALLY BY SUBMITTING A PROPOSAL FOR REVIEW AND CONSIDERATION BY HFHI. IN ADDITION TO THE PROPOSAL, A WORK PLAN THAT INCLUDES A STATEMENT OF POSITION AND STATEMENT OF ACTIVITIES IN ACCORDANCE WITH THE FINANCIAL REPORTING STANDARDS AND POLICIES OF HFHI MUST BE SUBMITTED BY THE AFFILIATE. HFHI ALSO REQUIRES AN ANNUAL REPORT FROM EACH AFFILIATE THAT GIVES IN NARRATIVE FORM A COMPLETE REPORT OF THE AFFILIATE AND ITS AFFILIATED ORGANIZATIONS DURING THE PAST YEAR AND A DESCRIPTION OF HOW THE PROGRAM AWARD OR LOAN WERE USED TO SUPPORT THESE ACTIVITIES. HFHI CONDUCTS EVALUATIONS OF THE AFFILIATES AND THEIR OPERATIONS ON A REGULAR BASIS. HFHI HAS THE RIGHT TO TAKE ACTIONS UP TO TERMINATION OF THE NAA FOR FAILURE BY THE AFFILIATE TO USE FUNDS ACCORDING TO THE PROPOSAL AND WORK PLAN.

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

OMB No 1545-0047

Inspection '

Internal Revenue Service Name of the organization

Department of the Treasury

HABITAT FOR HUMANITY MIDDLE EAST

Employer identification number 52-2182590

	art'l Questions Regarding Compensation	-	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	N. O. M.	169	110
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	3.73		74
	First-class or charter travel Housing allowance or residence for personal use		, , -	K.
	Travel for companions Payments for business use of personal residence	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	£ ,,	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	".	\$	رواد ديدور د
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			3
	Plantaliary approximate activities (countries, maid, and another)	2 3 7 7	, , , ,	1
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	'-	5	1000
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<i>ــــ</i>	_ <u></u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1 <u>D</u>	17.2	
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	-4.6	42	. Linder
	trustees, and onicers, including the OEO/Executive Director, regarding the items checked on line 187	2		1.57
2	Indicate which if any of the following the filling expension used to establish the consequent of the surrounding	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 July 15"	- 4
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		- ' ,' -	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	,,,,	> '	0.00
	establish compensation of the CEO/Executive Director, but explain in Part III	3.7		
	Compensation committee	# "4" ,	10.5	2,00
	Independent compensation consultant Compensation survey or study	4	`-	185
	Form 990 of other organizations Approval by the board or compensation committee		1	م تريز و د معالمه ا
			a 41);	300
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	4		1 36
	organization or a related organization	سنتف	- Engine	1
_	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Yest 14.	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	.f" ,,	[漢字)	7 18
			<i>*</i> , :	1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	المين . معين .		
	contingent on the revenues of			ية رق معتبد
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	"- "", ""	 	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	41 30. A	<u>ب</u> به	1
	contingent on the net earnings of	سُور ا	۶,,, سست.	-مثندا
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III	1 40	ر خرجتم	1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	"		ا میر اتند. ا
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		ا ارز	11 12
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	В		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1 60°	想述	
	Regulations section 53 4958-6(c)?	9		1

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

Schedule J (Form 990) 2016

HABITAT FOR HUMANITY MIDDLE EAST

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual Do not list any individuals that aren't listed on Form 990, Part VII

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)·(B)	ın column (B) reported as deferred on prior Form 990
(1) TJADA MCKENNA	Ξ	0	0	0	0	0	0	0
CHAIR	(ii)	218,	0		0	0	218,896.	0
(2) TORRE NELSON	(:)	0	0		0	0		
VICE-CHAIR	(ii)	170,29	0	0	0	0	170,292.	
(3) MICHAEL CARSCADDON	Ξ		0		0	0		
TREASURER	(ii)	186,80	0.		0	0	186,806.	
(4) GREGORY FOSTER (UNTIL 1/17)	(i)		0.	0	0	0		0
VICE-PRESIDENT	(ii)	175,185.	0	• 0	0 •	0	175,185.	0.
	Θ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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Schedule J (Form 990) 2016

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Part III Supplemental Information

DFFICER COMPENSATION FROM RELATED ORGANIZATIONS
THE ORGANIZATION DOES NOT PAY THE DIRECTORS AND OFFICERS OF HABITAT FOR
HUMANITY MIDDLE EAST (HFHME). THE DIRECTORS AND OFFICERS OF HFHME ARE
EMPLOYEES OF A RELATED ORGANIZATION, HABITAT FOR HUMANITY
INTERNATIONAL, INC. (HFHI). THE COMPENSATION DETAIL LISTED IN PART VII,
SECTION A AND SCHEDULE J, PART II IS COMPENSATION EARNED AS EMPLOYEES
DF HFHI.
Schedule J (Form 990) 2016

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.

OMB No 1545-0047 16

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

HABITAT FOR HUMANITY MIDDLE EAST	52-2182590
Form 990, Part I, Line 1, Description of Organization Mis	ssion:
SPONSOR AFFILIATES IN HABITAT DEVELOPMENT IN THE MIDDLE H	EAST, TO
CONSTRUCT MODEST HOUSING.	
Form 990, Part III, Line 1, Description of Organization N	Mission:
PURPOSES CONSISTENT WITH THOSE OF HFHME. HFHME'S GOAL IS	TO ELIMINATE
POVERTY HOUSING AND HOMELESSNESS AND TO STIR THE HEARTS A	AND MINDS OF
OTHERS TO TAKE ACTION ON THIS ISSUE. HFHME INVITES PEOPL	LE FROM ALL
WALKS OF LIFE TO WORK TOGETHER IN PARTNERSHIP TO HELP BUI	LLD HOUSES WITH
FAMILIES IN NEED.	
Form 990, Part VI, Section A, line 6:	
HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI) IS THE SO	OLE MEMBER OF
HABITAT FOR HUMANITY MIDDLE EAST (HFHME).	
	
Form 990, Part VI, Section A, line 7a:	
HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI) APPOINTS	MEMBERS OF THE
HABITAT FOR HUMANITY MIDDLE EAST GOVERNING BODY.	
Form 990, Part VI, Section B, line 11b:	
THE HABITAT FOR HUMANITY MIDDLE EAST (HFHME) FORM 990 WAS	DPFDARED RV
HABITAT FOR HUMANITY INTERNATIONAL, INC.'S (HFHI) INTERNA	
DEPARTMENT IN CONSULTATION WITH THE LEGAL DEPARTMENT. THE	
OF THE FORM 990 WAS THEN REVIEWED AND APPROVED BY THE HFF	
	THE BOARD OF
DIRECTORS BEFORE IT WAS FILED.	

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

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

Employer identification number 52-2182590

Form 990, Part VI, Section B, Line 12c:

HABITAT FOR HUMANITY MIDDLE EAST (HFHME) IS A SINGLE MEMBER DC NONPROFIT CORPORATION. UNDER ITS ARTICLES OF INCORPORATION, HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI) IS THE SOLE MEMBER OF HFHME. IN ACCORDANCE WITH THE BY-LAWS OF HFHME, THE HFHI BOARD OF DIRECTORS APPOINTS HFHME DIRECTORS AND OFFICERS. THEREFORE, HFHME IS CONSIDERED A CONTROLLED ENTITY OF HFHI AND IS CONSOLIDATED WITH HFHI'S FINANCIAL STATEMENTS. HFHI HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH EXTENDS TO ALL HFHI BRANCH AND CONSOLIDATED ENTITIES. HFHI CONDUCTS ANNUAL BOARD TRAINING, INCLUDING TRAINING ON HFHI'S CONFLICT OF INTEREST POLICY, THE ANNUAL DISCLOSURES REQUIRED, AND THE PROCESS FOR REVIEW AND APPROVAL OF ANY RELATED PARTY TRANSACTIONS. THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS WITH THE ASSISTANCE OF THE GENERAL COUNSEL OVERSEES THE SUBMISSION OF THE ANNUAL DISCLOSURES TO DETERMINE WHETHER THERE ARE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS, AND MONITORS OVERALL COMPLIANCE WITH THE POLICY. IF ANY ACTUAL OR POTENTIAL CONFLICTS WERE TO ARISE, THE GENERAL COUNSEL WOULD WORK WITH THE GOVERNANCE COMMITTEE, THE BOARD AND MANAGEMENT, AS APPROPRIATE, TO FACILITATE THE ASSESSMENT OF THE FAIRNESS OF THE TRANSACTION, TO ENSURE RECUSAL OF ANY INTERESTED PARTY FROM DELIBERATIONS OR VOTING RELATED TO THE TRANSACTION, AND OTHERWISE MONITOR COMPLIANCE WITH THE POLICY.

Form 990, Part VI, Section B, Line 15:

THE FILING ORGANIZATION, HFHME DOES NOT COMPENSATE ITS OFFICERS, DIRECTORS,
TRUSTEES, OR KEY EMPLOYEES. COMPENSATION IS PAID BY A RELATED ORGANIZATION,
HABITAT FOR HUMANITY INTERNATIONAL, INC. (HFHI). THE ORGANIZATION HAS
ANSWERED NO TO PART VI, QUESTIONS 15A AND 15B.

Form 990, Part VI, Section C, Line 18:

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization HABITAT FOR HUMANITY MIDDLE EAST	Employer identification number 52-2182590
HFHME MAKES THE FORM 990 AVAILABLE TO THE PUBLIC UPON REQ	
MINISTERED THE TOTAL 350 HANDERS TO THE TODBLE OF ON KEY	OLDI.
Form 990, Part VI, Section C, Line 19:	
HFHME MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	•
Form 990, Part XI, line 9, Changes in Net Assets:	
Bad Debt Allowance	40,404.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

2016

OMB No 1545,0047

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

Employer identification number 52 - 2182590

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 FOR HUMANITY MIDDLE EAST HABITAT Name of the organization Part

(a)	(q)	(0)	<u>©</u>	(e)	(£)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990. Part IV, line 34 because it had one or more related tax-exempt	tions. Complete if the organization	answered "Yes" on Form 990. Pa	rt IV. line 34 becaus	e it had one or more r	elated tax-exempt

Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Partition organizations during the tax year

(c)	3		3	3	(4)		
(p)	í e	5)	(o)	(e)	E	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	2
Habitat for Humanity International, Inc							
91-1914868, 270 Peachtree Street, NW, Suite							
1300, Atlanta, GA 30303	Home Building	Georgia	501(c)	Line 7	N/A		×
Habitat for Humanity, Inc 46-0781264							
270 Peachtree Street, NW, Suite 1300							
Atlanta, GA 30303	Eradicate Poverty	Georgia	501(c)	Line 7	нені		×
Nadacia Habitat for Humanity International							
Zochova 6-8 811 03							
SLOVAKIA	Eradicate Poverty	Slovakia	501(c)	Line 7	нені		×
Habitat for Humanity Brazil							
RUA Americo Pereira Alves Filh							
Village Morubi, Sao Paulo, BRAZIL	Bradicate Poverty	Brazıl	501(c)	Line 7	нені	-	×

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for Continuations

Schedule R (Form 990) 2016

HABITAT FOR HUMANITY MIDDLE EAST

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

							ļ
(e)	(q)	(2)		(e)	Œ	(6)	2,7
Name, address, and EIN	Primary activity	Legal domicile (state or	ge	Public charity	Direct controlling	Section 3 (20) (3)	(c. Yo
of related organization		foreign country)	section	status (if section	entity	organizatio	2n2
				((c)(a))		Yes	2
Habitat for Humanity Haiti							
106 Rues Clereau ET Louvertur							
, Petion-Ville, HAITI	Eradicate Poverty	Haiti	501(c)	Line 7	нені		×
JAM Habitat for Humanıty International							
Apt 1, 17 Research Crescent						_	
Mandeville, Manchester, JAMAICA	Eradicate Poverty	Jamaıca	501(c)	Line 7	нені		×
	.						
						_	
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Schedule R (Form 990) 2016 HABITAT FOR HUMANITY MIDDLE EAST

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Schedule R (Form 990) 2016 ercentage ownership N/A Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Section 512(b)(13) controlled entity? × × ≆ General or P managing partner? Percentage ownership Yes N/AN/A ⋖ N Ξ Code V-UBI amount in box 720 of Schedule K-1 (Form 1065) N/A Share of end-of year assets Ξ N/AN/A<u>6</u> Disproportionate ŝ allocations? Ξ 전/Z Share of total income Yes N/A N/A Ξ Share of end-of-year assets N/A <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income CORP CORP N/A Ξ ن Direct controlling entity N/A N/A(related, unrelated, excluded from tax under sections 512-514) ਰ Predominant income N/A <u>e</u> egal domicile (state or 42 Switzerla છ India Direct controlling entity N/A € Primary activity Eradicate Poverty Microfinance Legal domicile (state or foreign country) DE Primary activity Micro Finance INDIA Habitat Microbuld India Housing Finance <u>a</u> Lender Chennai, Habitat for Humanity Switzerland Name, address, and EIN of related organization 45-3939711, 3411 Silverside Road, Rodney Building #104 Anna Nagar West Extension, Name, address, and EIN of related organization 19810 SWITZERLAND 42 Avenue Krieg 1208 Microbuild I, LLC W-190 N Main Rd DE Wilmington, 632162 09-06-16 Geneva, Part IV

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Υ	Yes	٤
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?	ns with one or more re	elated organizations listed	in Parts II 1V?	1.		7
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>></i> .			1 a		×
b Gift, grant, or capital contribution to related organization(s)				1 b		×
c Gift, grant, or capital contribution from related organization(s)				10	X	
d Loans or loan guarantees to or for related organization(s)				Pt-		×
e Loans or loan guarantees by related organization(s)				e P		×
				2,0		16,
f Dividends from related organization(s)				1	1	×
g Sale of assets to related organization(s)				5		×
				, =	<u> </u>	×
i Exchange of assets with related organization(s)				-	. ,	×
j Lease of facilities, equipment, or other assets to related organization(s)				\Box		_×
k Lease of facilities, equipment, or other assets from related organization(s)					2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×
	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			두		×
 Sharing of paid employees with related organization(s) 				9	×	1
						* ×
				4	Ť	: ;
 q Reimbursement paid by related organization(s) for expenses 				D	· ·	۳
				* -	1 1	×
outer transfer of cash of property from related organization(s)				18	┧	اه
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) HABITAT FOR HUMANITY INTERNATIONAL, INC.	υ	87,885.	САЅН			
2) HABITAT FOR HUMANITY GREAT BRITAIN	υ	62,287.CASH	САЅН			
(3)					•	
(4)						1
(5)						
(9)						
32163 09-06-16	43		Schedule R (Form 990) 2016	(Form	390) 2(016

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Part VII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

ge d-	J	1	i	l	i	l	1	<u> </u>
(k) ercenta wnersh								060
(j) General or managing partner?								
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065)								Schedule R (Form 990) 2016
Olspropor tonate allocations?		_						
S 1 %	2							
(g) Share of end-of-year assets								
(f) Share of total income								
= 500 S								
(e) Are all partners sec 501(c)(3) orgs?								
(d) Predominant income (related, unrelated, sections 512-514)								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of entity								

Schedule R (Form 990) 2016 HABITAT FOR HUMANITY MIDDLE EAST	<u> 52-2182590</u>	Page 5
Part VIII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions		
Part II, Identification of Related Tax-Exempt Organizations	:	_
Name of Related Organization:		
Habitat for Humanity International, Inc.		
Direct Controlling Entity: N/A		
	-,-	
		_
	 	
		-
		
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