# **ير'990**

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

_	<u> </u>	or the	2015 calendar year, or tax year beginning 07701 , 2015, and e		1TV 1NO 5	·	identification number						
	3 (	Check if		Name of organization HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC D Employer identification number									
	/_ /	Address	change Doing business as				65-0307017						
	_ ı	Name ch	nange (tallings) and the state of the state	m/suite	I <sup>E</sup>	Telephone							
	] ו	nıtıal ret				(5	61) 819-6070						
	] F	Final retui	rn/terminated City or town, state or province, country, and ZIP or foreign postal code										
[	] /	Amende	d return DELRAY BEACH, FL 33483			Gross rece							
[	] /	Applicati	on pending F Name and address of principal officer RANDY NOBLES		H(a) is this a group	this a group return for subordinates? 🔲 Yes 🗹 No							
_			SAME AS C ABOVE				ncluded? Yes No						
ī		Tax-exe	mpt status	27	If "No,"	" attach a li	st (see instructions)						
,	J 1	Website	: ▶ WWW HABITATSOUTHPALMBEACH ORG		H(c) Group ex	kemption nu	ımber ▶						
Ī	<b>(</b> )	Form of	organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of f	ormation	1991	M State of	legal domicile FL						
	Pa	art I	Summary										
•	Ţ	1	Briefly describe the organization's mission or most significant activities: S	EEKING	TO PUT GO	DD'S LOV	E INTO ACTION,						
	8		HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COM										
	au												
	Governance	2	Check this box ▶☐ if the organization discontinued its operations or dispos	sed of	nore than 2	25% of its	s net assets.						
	١٥	3	Number of voting members of the governing body (Part VI, line 1a)			3	13						
	<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line	1b)		4	13						
	Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	60						
	ž	6	Total number of volunteers (estimate if necessary)			6	1,971						
	4ct	7a	Total unrelated business revenue from Part VIII, column (C) Jine 12			7a	0						
	`	b	Net unrelated business taxable income from Form 990-T line 34			7b	0						
					Prior Year		Current Year						
		8	Contributions and grants (Part VIII, line 1th)	. $\vdash$	1.4	183,612	1,565,293						
	J.	9	Program service revenue (Part VIII, line 2g)										
	Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d.	nt income (Part VIII. column At lines 3.4 and 7d.									
	Re	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c; and 11e)	·  -		12 736,660	347 529,712						
		11	Tetal revenue (Part VIII, Column (A), lines 5, ou, oc. sc, coc, and vice).	<u>,</u> ⊢		359,459	3,294,132						
•		12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	<del>-)</del>	2,0	339,439	0,254,132						
		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	. ⊢									
		14	Benefits paid to or for members (Part IX, column (A), line 4)			570,340	703,226						
	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10	יי		703,220							
	ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	<del> </del>	0	<u> </u>						
	Expense	b	Total fundraising expenses (Part IX, column (D), line 25) ► 185,04	<u> </u>		700.004	2 400 400						
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•		730,924	2,166,480						
		18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	٠ 📙		401,264	2,869,706						
		19	Revenue less expenses. Subtract line 18 from line 12	•  _		458,195	424,426						
	Assets or Balances			Be	inning of Curr		End of Year						
	sets	20	Total assets (Part X, line 16)	·		376,816	6,526,902						
	쭕	21	Total liabilities (Part X, line 26)	·	_	913,349	2,646,084						
	Figure		Net assets or fund balances. Subtract line 21 from line 20	<u>. L</u>	3,4	463,467	3,880,818						
		art II	Signature Block										
	Un	der pena	alties of perjury. I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the	e best of my	knowledge and belief, it is						
	tru	e, correc	ot, and complete Declaration of preparer other than officer) is based on all information of which pr	eparer h	as any knowled	age 							
			ta Brother				_						
	Sig	yn 💮	Signature of officer		Date	- 1	- 1						
	He	re	TRIS & CEO		<u>E</u>	05 <u>/</u> 0	1201+						
			Type or print name and title				/						
	Pa	id	Print/Type preparer's name Preparer's signature	Date		Check	] if PTIN						
			NE			self-emple							
		epare	1 =	•	Firm's	s EIN ▶							
	US	e On	Firm's address >		Phon		1,						
	Ma	y the I	RS discuss this return with the preparer shown above? (see instructions) .				Yes No						
			- The second sec	<del></del>		_	Earm <b>QQ</b> (2015)						

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	(2015)			Page 2
art l		tement of Program Service Accomplishments		
		eck if Schedule O contains a response or note to any line in this Part III	· · ·	<u>. ப</u>
1		escribe the organization's mission.  TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BUILDS HOMES, COMMUNITIES AND HOPE		
	SEEKING	TO POT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITT BOILDS HOMES, COMMONITIES AND HOPE		
2	Did the or	organization undertake any significant program services during the year which were not listed on the		
			Yes	☑ No
	If "Yes," d	describe these new services on Schedule O.		_
3	Did the c	organization cease conducting, or make significant changes in how it conducts, any program		
	services?	?	Yes	☑ No
	If "Yes," d	describe these changes on Schedule O.		
4		the organization's program service accomplishments for each of its three largest program services, a		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) are section 501(c)(4) organizations.	ions to	others,
	the total e	expenses, and revenue, if any, for each program service reported.		
4a	(Code:		205,949	)
		FOR HUMANITY OF SOUTH PALM BEACH COUNTY WORKS TO PROVIDE AFFORDABLE HOMEOWNERSHIP		
		UNITIES FOR HARDWORKING AND DESERVING FAMILIES IN THE CITIES OF BOYNTON BEACH, DELRAY BEACH		
		CA RATON, FLORIDA. WE BUILD HOMES IN PARTNERSHIP WITH FAMILIES WHO DEMONSTRATE A NEED FOI G AND A WILLINGNESS TO WORK WITH US TO PURCHASE A HOME OF THEIR OWN. WITH THE HELP OF OUR		
		TERS AND GENEROUS VOLUNTEERS, SINCE OUR ESTABLISHMENT IN 1991 WE HAVE EMPOWERED OVER		
		S IN OUR COMMUNITY TO ACHIEVE THEIR DREAM OF OWNING A SAFE, DECENT, AND AFFORDABLE HOME		
	AMILIEO	S IN OUR COMMINICATE TO ACTUAL THEIR DIREAM OF COMMING A CALE, DECEMBER AND ALT CREATED TO THE		
	IN ADDITION	ION, THE NEIGHBORHOOD REVITALIZATION PROGRAM (NRP) INCLUDES 'A BRUSH WITH KINDNESS' AND		
		L HOME REPAIR' NRP HELPS ENSURE THAT FAMILIES ARE LIVING IN SAFE AND MAINTAINED HOMES THE		
		TO KEEP HOMEOWNERS IN THEIR EXISTING HOMES, PROTECT THEIR FINANCIAL INVESTMENT AND REST	ORE	
		F HOMEOWNERSHIP		
4b	(Code:	) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue \$		1
40	(Code.	) (Expenses \$\psi) (Nevenue \$\psi)		,
4d	Other pro	ogram services (Describe in Schedule O.)		
•	(Expense:			
4e		ogram service expenses ► 2,411,700		
			Form 99	0 (2015)

/Part	Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>√</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	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	9	<b>√</b>	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<b>√</b>	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	<b>√</b>	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>√</b>	
19	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	19		1

Part I	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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 1? If "Yes," complete Schedule I, Parts I and II	21		<b>-</b>
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		<b>√</b>
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		<b>√</b>
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d <b>25</b> a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 25a		<b>~</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>~</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>~</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			Sign of the second
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Part					
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	22	12		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			g² *d	i -
C	Did the organization comply with backup withholding rules for reportable payments to vend	ors and		. Sec. 3	<u> </u>
•	reportable gaming (gambling) winnings to prize winners?	ors and	1c	<del>-</del>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			TOTAL	<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	60			ارو معنی رو
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	* 27. 9	· <del></del>
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2D	ক্ষত সু	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	, · · · ·		302	·
_	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	~ · ·	3a		<b>✓</b>
b 42	·	-	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a over, a financial account in a foreign country (such as a bank account, securities account, or other	- 1	)	)	l
	account)?	illariciai	4-		1
	•	[	4a	<del>1</del> 224/20	U\$2.4
b	If "Yes," enter the name of the foreign country.		****		देशिक त्य
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A (FBAR).	Accounts [	4.37		4
<b>.</b>		1		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y Stern
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .		5a		<del>-</del>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction (1) for a party to a prohibited tax shelter transaction (1) for a party to a prohibited tax shelter transaction (1) for a party to a prohibited tax shelter transaction (1) for a party to a prohibited tax shelter transaction (1) for a party to a prohibited tax shelter transaction (1) for a party to a prohibited tax shelter transaction (1) for a party to a prohibited tax shelter transaction (1) for a party to a prohibited tax shelter transaction (1) for a party to a party to a prohibited tax shelter transaction (1) for a party to a p	ction?	5b		<b>√</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	}	<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the			
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		<del>-</del> -
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	Mons or	İ	(	l
_	gifts were not tax deductible?		6b }	01.00 T-	- करण्
7	Organizations that may receive deductible contributions under section 170(c).				7. 30 2. 30 2. 30 3. 30 30 30 30 30 30 30 30 30 30 30 30 30 3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods		77	1 12
	and services provided to the payor?	.	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	[	7b		<b></b> _
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	n it was	_ }		
	required to file Form 8282?		7c	্লাক্ষর শারু জন্ম	√ saerr
d	If "Yes," indicate the number of Forms 8282 filed during the year			W.	J
е.	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		<b>V</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	<u> </u>	7f		<b>-</b>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as i	·	7g		<u>—</u> —
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1		7h	77.80m <b>43</b> .	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	a by the		a Track	š
_	sponsoring organization have excess business holdings at any time during the year?		8	South Co.	\$161 T
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	30.7		j-6~
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .		9b	S	
10	Section 501(c)(7) organizations. Enter:	f		12.7	1.302 T
a	Initiation fees and capital contributions included on Part VIII, line 12		6	7	50.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]				Maria .
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders		v 3	10.00	£
b	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ			75
40-	against amounts due or received from them.)	10410	2		/s ≥
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	12a	35-1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			The s	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		تت	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	्रास्या ईल	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	}		2	<i>:</i>
b	Enter the amount of reserves the organization is required to maintain by the states in which	l	1.5	124	}
	the organization is licensed to issue qualified health plans			, }	ļ
С	Enter the amount of reserves on hand				<b></b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	-	14a		<b>\</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	∍O .	14b		

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on 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 13			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			İ
	committee, explain in Schedule O.			ĺ
b	Enter the number of voting members included in line 1a, above, who are independent . 15 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		\\
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			لـــــا
a	The governing body?	8a	√ √	
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	<del>-</del> -	—
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			i
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>/</u> _	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>\</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	420	.,	
13	Did the organization have a written whistleblower policy?	12c	<b>√</b>	
14	Did the organization have a written document retention and destruction policy?	14	<b>√</b>	<del> </del>
15	Did the process for determining compensation of the following persons include a review and approval by	'-	<u> </u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		<b>√</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u></u>	
_	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164	<u> </u>	اــــا
Secti	on C. Disclosure	16b		L
17	List the states with which a copy of this Form 990 is required to be filed ► FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	,	,,-,-	,,
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>	
	RANDY NOBLES, 181 S E 5TH AVENUE, DELRAY BEACH, FL 33483, (561)819-6070			

orm	990	(2015)	

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

#### 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

				((	C)					
(A)	(B)	(do n	ot ch		ition	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	ıs bott or/trusi	an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Officer Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RICK HOWARD	10									
CHAIRMAN	0.0	✓		✓				0	0	0
(2) BRITTNEY KOCAJ	10									
TREASURER (PARTIAL YEAR)	10	1		✓				0	0	0
(3) ERIC LEBERSFELD	10									
DIRECTOR	0.0	✓			ļ			0	0	0
(4) YANNETH VILLARREAL	10		,				1			
DIRECTOR	0.0	✓			ļ			0	0	0
(5) EBEN MOLLOY	1 0		}							
DIRECTOR	0.0	✓						0	0	0
(6) CHIP MISCH	10		ļ							
DIRECTOR	0.0	✓		Ĺ_	ļ	<u> </u>	_	0	0	0
(7) SCOTT BANKS	10		ļ	1	Ì					
DIRECTOR	0.0	✓		<u> </u>		<u> </u>	_	0	0	0
(8) SCOTT SULLIVAN	10	1		ł	}					
DIRECTOR	0.0	✓	<u></u>	<u> </u>	<u> </u>		<u> </u>	0	0	0
(9) MARLEEN FORKAS	10			ļ	}		ĺ			
DIRECTOR	0.0	✓	<u> </u>	<u>L</u>	<u> </u>	<u> </u>		0	0	0
(10) LEON SILVERSTEIN	10	[	ĺ			ĺ	1		(	
DIRECTOR	0.0	✓	<u>L</u> .	L	<u>L</u> .	<u> </u>	<u> </u>	0	0	0
(11) AUDREY GROLIG	10			ļ		l	{	}		
DIRECTOR (PARTIAL YEAR)	0.0	<b>✓</b>	<u> </u>	<u> </u>			匚	0	0	0
(12) ADAM MARSHALL	10		ļ	ļ	ļ	1	ļ	}	ļ	
DIRECTOR (PARTIAL YEAR)	10	<b>✓</b>	ļ	_	<u> </u>		L	0	0	0
(13) ERIC BUCHER	10									
DIRECTOR (PARTIAL YEAR)	0.0	✓		_	<u> </u>			0	0	0
(14) DIANA HILEMAN	10									
DIRECTOR (PARTIAL YEAR)	1 00	✓ .	l	1	1	)	1	0	l o	l o

(A) Name and title		(B) Average hours per week (list any	box,	unies	Pos neck ss pe d a d	rson	than o	an ee)	( <b>D</b> )  Reportable compensation from	(E) Reportable compensation fron related	from am		F) mated unt of	
		hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compe fror orgar and i	ensation the nization related ization:	1
(15) AN	1I ZAK	10												
	TOR (PARTIAL YEAR)	0.0	<b>✓</b>		L.	<u> </u>		<u> </u>	0		<u> </u>			0
J	ARK NOWAK	10	,											•
	TOR (PARTIAL YEAR)	55 0	<b>-</b>		-				0		4—			0
J	NDY NOBLES DENT & CEO (PARTIAL YEAR)	10	ł		1				0		اد			0
	CHAEL CAMPBELL	55 0	<u> </u>	-	<u> </u>	$\vdash$	-		<u>-</u>					
2	DENT & CEO (PARTIAL YEAR)	10	1		1				97,437	ļ,				0
(19) RE	GINALD HOSKINS	50 0												
	TOR FINANCE	00	<u> </u>		1	L_			80,232		<u> </u>			0
(20)		}	}											
(21)				_		-		-		<del> </del>				
(22)		<del>                                     </del>			-									
(23)														
(24)			-											
(25)														
1b	Sub-total			٠.		<u>.                                    </u>		<b>&gt;</b>	177,669		0			0
С	Total from continuation sheets to Part	VII, Section	n A					▶	0		0			0
d	Total (add lines 1b and 1c)							<u> </u>	177,669		0			0
2	Total number of individuals (including bu reportable compensation from the organ			nose	e list	ted	above	e) w	ho received m	ore than \$100,0	000 of			
3	Did the organization list any former of							emp	oloyee, or high	est compensa	ted		Yes	No
	employee on line 1a? If "Yes," complete							•			.	3_		<b>✓</b>
4	For any individual listed on line 1a, is the organization and related organizations													
	individual		απ ψ	100,							}	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	ual	5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization Rej year.			•										ax
	(A) Name and business address  (B) Description of services							ervices	Cor	(C)	ation			
NONE	NONE													
								_	<del>-</del>				_	
								L	<del></del>					
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) wno				

Par	VIII	Statement of Reve			and the arm this I	D-43/III		_
		Check if Schedule O	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats its	1a	Federated campaigns	s 1a	13,633				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	1b		}			
s, C Am	С	Fundraising events .					İ	
ar a	d	Related organizations	s 1d					
iE.	e	Government grants (con			ļ	}		
tior er S	f	All other contributions, g		1				
흊		and similar amounts not inc	<u></u>	1,551,660				
od C	g	Noncash contributions include		35,551		Ì		
	<u>h</u>	Total. Add lines 1a-1	<u>f.,</u>		1,565,293			
Ę	Ì _			Business Code				
eVe	2a	HOMES SOLD		900099	1,028,950	1,028,950		
ë Œ	b	AMORTIZATION OF MORTO	GAGE DISCOUNTS	900099	169,830	169,830		
Ξ̈́	C							<del></del>
တ္တ	d			<del></del>				
Jran	e f	All other program ser			0	0	0	0
Program Service Revenue	g	Total. Add lines 2a-2			1,198,780			
	3	Investment income	(including divid	ends. interest.	1,100,100		<u> </u>	
		and other similar amo			347	İ		347
	4	Income from investmen	•	<b>.</b>		<del>_</del>		
	5			. 1				
			(i) Real	(II) Personal				<del></del>
	6a	Gross rents	10,400					
	b	Less: rental expenses			Ì	1		
	С	Rental income or (loss)	10,400	0			2	
	d	Net rental income or	(loss)	<b>.</b>	10,400			10,400
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
	İ	and sales expenses .				Í		
	С	Gain or (loss) .	0	0				
	d	Net gain or (loss) .		<u> </u>				
renue	8a	Gross income from fu	undraising					
Other Reve		of contributions report	ed on line 1c).	123,847		ļ		
돩	b	Less: direct expenses	s <b>b</b>	60,559		ļ		
		Net income or (loss) f		events >	63,288			63,288
	9a		· · · a					
	b	Less: direct expenses						
	C	Net income or (loss) f		ıvıtıes ▶				
	10a	Gross sales of in					ļ	
	Ì.	returns and allowance				İ		
		Less: cost of goods s						
	C	Net income or (loss) t			448,855		<del></del>	448,855
	44-		neveriue	Business Code	7.460	7.400		
	11a	OTHER REVENUE		900099	7,169	7,169		
	b							
	d	All other revenue .		<del></del>	0	0	0	0
	e	Total. Add lines 11a-			7,169	<del></del>		
	12	Total revenue See			3 204 132	1 205 040		522 800

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	177,669	61,786	39,040	76,843
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	419,385	357,375	26,592	35,418
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	57,253	43,938	2,550	10,765
10	Payroll taxes	48,919	37,542	2,179	9,198
11	Fees for services (non-employees).				
а	Management				
b	Legal	0.000		0.000	
C	Accounting	9,000		9,000	
d e	Lobbying			<del></del>	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	40,845	17,831	2,439	20,575
12	Advertising and promotion	26,075	6,581	18,207	1,287
13	Office expenses	72,685	51,647	4,971	16,067
14	Information technology	<u> </u>			
15	Royalties	45.075	07.000	0.070	5.405
16	Occupancy	45,075 28,558	37,262 21,990	2,378	5,435 4,568
17 18	Travel	20,556	21,990	2,000	4,300
10	for any federal, state, or local public officials	}	ì	}	
19	Conferences, conventions, and meetings	11,299	9,780	463	1,056
20	Interest	48,398		48,398	
21	Payments to affiliates	20,500	20,500		
22	Depreciation, depletion, and amortization .	10,125	7,796	709	1,620
23	Insurance				·
24	Other expenses. Itemize expenses not covered		İ		
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		Í		
	(A) amount, list line 24e expenses on Schedule O.)				
а	HOME CONSTRUCTION COSTS	1,043,279	1,043,279	<del></del>	
b	DISCOUNTS ON MORTGAGE LOANS	676,017	676,017		
C	HOMEOWNER RELATED EXPENSES	18,376	18,376		
ď	OTHER EXPENSES	116,248		114,040	2,208
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,869,706	2,411,700	272,966	185,040
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)				

Part X Balance Sheet

3 Pledges and grants receivable, net 4.323 3 9.082 4 Accounts receivable, net 5 Lans and other receivable from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 0 0 6 Lans and other receivables from other disqualified persons (as defined under section 9889(f)), person described in section 4989(f)), person described in 4989(f)), person described in 4989(f), person described in 498			Check if Schedule O contains a response or	note to any line in this	s Part X		🗆
2   Sawings and temporary cash investments   2,03,079   2   214,462   3   Pledges and grants receivable, net   4,323   3   5,082   4   Accounts receivable, net   0   4   4   5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   5   0   6   Loans and other receivables from the disqualified persons (as defined under section 4958(f(1)), persons described in section 4958(f(1)), genosing described in section 4958(f(1)), genosing described in section 4958(f(1)), persons described in section 501(p(6)) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L   7   7   7   7   7   7   7   7   7							
3 Pledges and grants receivable, net   4.323   3   9.082		1	Cash-non-interest-bearing		225,966	1	258,659
A Accounts receivable, net   Cans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule   Cans and other receivables from the disqualified persons (as defined under section 4958(6)(1)), persons described in section 4958(6)(8), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   7   Notes and loans receivable, net   1,212   8   11,571   9   Prepaid expenses and deferred charges   10a   1,290,828   11,408,649   9   85,760   10a   1,290,828   10a   1,290,828   10b   143,351   1,160,664   10c   1,147,477   11   Investments — publicly traded securities   10b   143,351   1,160,664   10c   1,147,477   11   Investments — program-related. See Part IV, line 11   3,257,058   13   3,316,207   14   Intangible assests   11   10   12   0   0   0   0   0   0   0   0   0		2	Savings and temporary cash investments .		203,079	2	214,462
1		3	Pledges and grants receivable, net		4,323	3	9,082
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule L Complete Part II of Schedule D Complete Inless Schedule D Complete Inl		4	Accounts receivable, net		0	4	
Complete Part II of Schedule L  Loans and other recevables from other disqualified persons (as defined under section 4958(0)(1)), persons described in section 4958(c)(3)(6), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1 1.212 8 15.571 9 Prepaid expenses and deferred charges 1 1.212 8 15.571 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 10a 1.290.828 1 1.160.684 10c 1.147.477 11 Investments—publicity traded securities 12 Investments—publicity traded securities 12 Investments—program-related. See Part IV, line 11 3.257.055 13 3.316.207 14 Intargible assets 15 Other assets. See Part IV, line 11 1 1.443.056 15 1.479.684 16 Total assets. Add lines 1 through 15 (must equal line 34) . 6.378.681 16 6.529.902 17 Accounts payable and accrued expenses 264.973 17 195.844 18 Grants payable . 18 Grants payable . 33.000 19 0 20 Tax-exempt bond liabilities . 20 12 Leans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 20 Tax-exempt bond liabilities . 24 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Secured mortgages and notes payable to unrelated third parties . 24 23 Secured mortgages and notes payable to unrelated third parties . 24 24 Other liabilities (including federal income tax, payables to related third parties . 24 25 Total liabilities. Add lines 17 through 25 26 Total liabilities and tone to payable to unrelated third parties . 24 27 Unrestricted net assets . 68.412 28 61.068 28 Permanently restricted net assets . 68.412 28 61.068 29 Permanently restricted net assets . 68.412 28 61.068 20 Temporarily restricted net assets . 68.412 28 61.068 21 Earnor capital surplus, or land, building, or equipment fund . 34 30 Capital stock or trust principal, or current fu		5		•	· 1		ı
6 Loans and other recevables from other disqualified persons (as defined under section 4958(p(1)), persons described in section 4958(p(3)), and contributing employers and sponsorong organizations (see instructions). Complete Part II of Schedule L					es		
4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501c)(9) wouldnary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L			5	0
9 Prepaid expenses and deferred charges	ts	6	4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volume	and	6	0	
9 Prepaid expenses and deferred charges	set	7	Notes and loans receivable, net			7	
10a	As	8			1,212	8	15,571
b Less: accumulated depreciation 10a 1.290,828 10b 143,351 1.160,664 10c 1.147,477 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 0 12 0 12 0 13 0 14 143,351 144 15 0 14 14 15 0 15 0 15 0 15 0 15		9	Prepaid expenses and deferred charges		81,488	9	85,760
b Less: accumulated depreciation   10b   143,351   1,160,664   10c   1,147,477   11   Investments – publicly traded securities   11   11   11   12   10   12   10   12   10   13   Investments – program-related. See Part IV, line 11   3,257,058   13   3,316,207   14   Intrangible assets   14   14   14   14   14   15   16   16   16   16   16   16   16		10a					
11   Investments—publicity traded securities   12   Investments—other securities. See Part IV, line 11   0   12   0   0   12   0   0   12   10   0   12   12			other basis. Complete Part VI of Schedule D	<b>10a</b> 1,290	,828		
12   Investments—other securities. See Part IV, line 11   3.257.058   13   3.316.207     13   Investments—program-related. See Part IV, line 11   3.257.058   13   3.316.207     14   Intangible assets   14   14.43.026   15   1.479.684     15   Other assets. See Part IV, line 11   1.443.026   15   1.479.684     16   Total assets. Add lines 1 through 15 (must equal line 34)   6.376.816   16   6.526.902     17   Accounts payable and accrued expenses   284.973   17   195.644     18   Grants payable   18   18   18     19   Deferred revenue   33.000   19   0     20   Tax-exempt bond liabilities   20   20     21   Escrow or custodial account liability Complete Part IV of Schedule D   137.574   21   138.437     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   2.477.802   23   2.312,003     24   Unsecured notes and loans payable to unrelated third parties   2.477.802   23   2.312,003     25   Other liabilities (including federal income tax, payables to related third parties   24     25   Other liabilities (including federal income tax, payables to related third parties   24     26   Total liabilities. Add lines 17 through 25   2.913.349   26   2.646.084     27   Unrestricted net assets   3.395.055   27   3.799.750     28   Temporarily restricted net assets   3.395.055   27   3.799.750     29   Permanently restricted net assets   29   0.0000000000000000000000000000000000		b	Less: accumulated depreciation	<b>10b</b> 143	,351 1,160,664	10c	1,147,477
13   Investments — program-related. See Part IV, line 11   3,257,058   13   3,316,207     14   Intangible assets   14   14     15   Other assets. See Part IV, line 11   1,443,026   15   1,479,684     16   Total assets. Add lines 1 through 15 (must equal line 34)   6,376,816   16   6,526,902     17   Accounts payable and accrued expenses   264,973   17   195,644     18   Grants payable   18   18     19   Deferred revenue   33,000   19   0     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability Complete Part IV of Schedule D   137,574   21   138,437     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   2,477,802   23   2,312,003     24   Unsecured notes and loans payable to unrelated third parties   24   10   25     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25     26   Total liabilities. Add lines 17 through 25   2,913,349   26   2,646,084     27   Currestricted net assets   3,395,055   27   3,799,750     28   Temporarily restricted net assets   568,412   28   81,068     29   Corganizations that follow SFAS 117 (ASC 958), check here		11	Investments - publicly traded securities			11	
14   Intangible assets   14		12	Investments-other securities. See Part IV, line	0	12	0	
15 Other assets. See Part IV, line 11		13	Investments-program-related. See Part IV, line	3,257,058	13	3,316,207	
16 Total assets. Add lines 1 through 15 (must equal line 34) . 6,376,816 16 6,526,902  17 Accounts payable and accrued expenses . 264,973 17 195,644  18 Grants payable		14	Intangible assets		14		
17		15				1,479,684	
18   18   18   19   Deferred revenue   33,000   19   0   0   0   0   0   0   0   0   0						_	
Deferred revenue		17		264,973		195,644	
Tax-exempt bond liabilities			• •		_		
21 Escrow or custodial account liability Complete Part IV of Schedule D .   137,574   21   138,437   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   2,312,003   24   Unsecured notes and loans payable to unrelated third parties .   24   Unsecured notes and loans payable to unrelated third parties .   24   Unsecured notes and loans payable to unrelated third parties .   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .   25   25   25   25   25   25   25					33,000		0
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			•		1		
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 3,395,055 27 3,799,750  Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 30 Total net assets or fund balances 3,380,818			· · · · · · · · · · · · · · · · · · ·			21	138,437
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0	es	22	• •		•	٠	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0	Ħ				ind	ļ. <u></u>	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0	ä				==		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	_			•	2,477,802		2,312,003
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25  26 Total liabilities. Add lines 17 through 25 Complete lines 27 through 25 Complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Capital sasets or fund balances 36 Capital sasets or fund balances 37 Capital sasets or fund balances 38 Capital sasets or fund balances 39 Capital sasets or fund balances 30 Capital sasets or fund balances 31 Capital sasets or fund balances 32 Capital sasets or fund balances 33 Capital sasets or fund balances 34 Capital sasets or fund balances 35 Capital sasets or fund balances 36 Capital sasets or fund balances 37 Capital sasets or fund balances 38 Capital sasets or fund balances 39 Capital sasets or fund balances 30 Capital sasets or fund balances 30 Capital sasets or fund balances 30 Capital sasets or fund balances 31 Capital sasets or fund balances 32 Capital sasets or fund balances			• •	· ·	4	24	
25   26   Total liabilities. Add lines 17 through 25   2,913,349   26   2,646,084		25					_
Total liabilities. Add lines 17 through 25			· ·	•	'^		U
Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that d					2.042.240	+	2 646 004
Complete lines 27 through 29, and lines 33 and 34.		20			-	20	2,040,064
27 Unrestricted net assets	S				unu		
28 Temporarily restricted net assets	ž	27			3 395 055	27	3 799 750
Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	ala					-	
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances	8					+	01,000
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	Š	23					
30 Capital stock or trust principal, or current funds	Œ.						
31 Paid-in or capital surplus, or land, building, or equipment fund	S O	30			30		
Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	set	l				<del>                                     </del>	
33 Total net assets or fund balances	As					<del></del>	
34 Total liabilities and net assets/fund balances	e	!	<b>3</b> '		3.463.467		3.880.818
	Z	1					6,526,902

	90 (2015)			Pa	age <b>1</b> 2
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,29	4,132
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,86	9,706
3	Revenue less expenses. Subtract line 2 from line 1	3		42	4,426
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,46	3,467
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(7	7,075
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3,88	0,818
Par	Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		. $\square$
				Yes	No
1	Accounting method used to prepare the Form 990'  Cash  Accrual  Other				_
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
<b>2</b> a	and the second of the second o		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			-
	reviewed on a separate basis, consolidated basis, or both.			1	ĺ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b			2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:		į.		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.	intant?	0-	,	

If the organization changed either its oversight process or selection process during the tax year, explain in

3a

Form **990** (2015)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**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.

#### 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.

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

OMB No 1545-0047

2015

Open to Public Inspection

		rganization	COLITILIDAL	MAREAGUAGU	. I <del></del>	10	Employer identification	
		FOR HUMANITY OF					65-03	
Par		Reason for Public Char	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	ns.
ine o		ation is not a private founda church, convention of church				-	•	
2		school described in <b>section</b>						
3		hospital or a cooperative hos						
4	☐ A r	medical research organizations of the second research organization of the second research organization of the second research organization of the second research organization of the second research organization of the second research organization of the second research organization of the second research organization of the second research organization of the second research organization or the second research organization	n operated in co					(iii). Enter the
5	☐ An	organization operated for to ction 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	✓ An	federal, state, or local govern organization that normally scribed in section 170(b)(1)	receives a subst	tantial part of its sup				n the general public
8	ΠAG	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	rec su	organization that normally ceipts from activities related pport from gross investme quired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable ii	exceptioi ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An	organization organized and	operated exclus	sively to test for public	c safety. S	See <b>sect</b> i	ion 509(a)(4).	
11	on	n organization organized and le or more publicly supported le box in lines 11a through 11d	l organizations d	escribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	t	<b>Type I</b> . A supporting organiz the supported organization(s organization. <b>You must com</b>	) the power to re	egularly appoint or ele				
b	C	Type II. A supporting organize control or management of the organization(s). You must co	e supporting org	janization vested in th				
С		Type III functionally integrate supported organization(s)						y integrated with,
d	t	Type III non-functionally inta that is not functionally integra requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	
е		Check this box if the organiz						I, Type III
f	Ente	functionally integrated, or Ty er the number of supported o	organizations .			ganızatio	n. 	
g		vide the following information						<del></del> -
	(i) Nam	ne of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<del>occu.</del>	on A. I abile oupport				·		
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2011	<b>(b)</b> 2012	(c) 2013_	(d) 2014_	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	1	ľ		i		
	membership fees received. (Do not			ì			
	include any "unusual grants.")	1,176,915	1,617,373	1,427,927	1,483,612	1,565,293	7,271,120
2	Tax revenues levied for the	ļ	ł		(	}	
	organization's benefit and either paid			İ			
_	to or expended on its behalf						0
3	The value of services or facilities	ľ	)	ľ		}	
	furnished by a governmental unit to the organization without charge	ł		Ì			
	<u> </u>	4.470.045	4.047.070	4 407 007	4 400 040	4 505 000	0
4	Total. Add lines 1 through 3	1,176,915	1,617,373	1,427,927	1,483,612	1,565,293	7,271,120
5	The portion of total contributions by	ļ					
	each person (other than a	ĺ		1			
	governmental unit or publicly supported organization) included on	-					
	line 1 that exceeds 2% of the amount			İ	;		
	shown on line 11, column (f)			İ			1,354,001
6	Public support. Subtract line 5 from line 4						5,917,119
	on B. Total Support						5,017,110
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,176,915	1,617,373	1,427,927	1,483,612	1,565,293	7,271,120
8	Gross income from interest, dividends,						
-	payments received on securities loans,	Ì		i			
	rents, royalties and income from similar						
	sources	9,498	461	18	13,915	10,747	34,639
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	ļ					
	(Explain in Part VI.)	99,440	291,612	211,625	336,000	131,016	1,069,693
11	<b>Total support.</b> Add lines 7 through 10						8,375,452
12	Gross receipts from related activities, etc.					12	9,370,359
13	First five years. If the Form 990 is for th	-					n 501(c)(3)
	organization, check this box and stop her			<u> </u>	<u> </u>	<u> </u>	<u> </u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6		•			14	70 65 %
15	Public support percentage from 2014 Sch					15	69 20 %
16a	33 <sup>1</sup> / <sub>3</sub> % support test – 2015. If the organization qual						
h	331/3% support test—2014. If the organ			_			_
b	check this box and <b>stop here.</b> The organi						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa			-			• •
	organization						
þ	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m						publicly
40	supported organization						. • 📙
18	Private foundation. If the organization die						see
	instructions	<u> </u>		· · · · · ·	<u></u>	<del></del>	

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	_					
2	Gross receipts from admissions, merchandise						_
	sold or services performed, or facilities furnished in any activity that is related to the	•	ļ				
	organization's tax-exempt purpose	_				_	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			l	<u></u>		
4	Tax revenues levied for the						
	organization's benefit and either paid		ļ		r	į l	
	to or expended on its behalf						
5	The value of services or facilities			İ			
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		j	Ì		<u>'</u>	
	received from disqualified persons .						
þ	Amounts included on lines 2 and 3		l			[	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•						
С 8	Add lines 7a and 7b	<del></del>	-		<u> </u>	ļ <u>-</u>	
0	line 6.)						
Secti	on B. Total Support	1	·	1	L	<u> </u>	<u></u>
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 2071	(2) 23 12	(6) 20.0	(2) 2011	(6, 20.0	(i) iotai
10a	Gross income from interest, dividends,						
-	payments received on securities loans, rents,					1	
	royalties and income from similar sources .					\	
b	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses			}			
	acquired after June 30, 1975	<u></u>			]	<u>'</u>	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	1	1				
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11,	)			1		
	and 12.)	L				L	501()(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			•		
Socti	on C. Computation of Public Support			· · · ·	<del></del>	· · · · ·	· · · <u>- L</u>
15	Public support percentage for 2015 (line			3 column (f)		15	
16	Public support percentage from 2014 Sc		-			40	
	on D. Computation of Investment In	<del></del>		<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>		
17	Investment income percentage for 2015			v line 13. colui	mn (f))	17	%
18	Investment income percentage from 201			•			<del>%</del>
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2014. If the organiz						
~	line 18 is not more than 331/3%, check this						
20	Private foundation, if the organization d		=		•	· · ·	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations	<u> </u>	<u>·)                                    </u>	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		_
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	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 <b>Part VI</b> , 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).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
<b>9</b> a	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
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 10h helpw	40-		

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.)

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u> '	<b></b>	
L	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?  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.	11b		<u> </u>
	on B. Type I Supporting Organizations	110	<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	$\Box$		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	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	-	<del> </del>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		}	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			İ
	supervised, or controlled the supporting organization	2	<del> </del> -	_
Section	on C. Type II Supporting Organizations		<u> </u>	
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ	L	
	the supported organization(s).	1	<u> </u>	
Section	on D. All Type III Supporting Organizations		120	
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		ļ	
Casti		3	L	L
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
<b>a</b>	☐ 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.	·	. 4 4	1
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		l	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ł-—
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za	<del> </del>	-
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.	- <del>-</del> -		-
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	L	l	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported erganizations? If "Ves " describe in Part VI the role played by the erganization in this regard	34	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970, <b>Sec</b>	instructions. All
other Type III non-functionally integrated supporting organizations must con-			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			<u>:</u>
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			<u>.</u>
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	!	
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III support	ting organization (see
instructions).			

	e A (Form 990 or 990-EZ) 2015			Page 7
Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		<del></del>	
3	Excess distributions carryover, if any, to 2015.			
_ <u>a</u>				
b				
C	From 2012			
d	From 2013			
e	From 2014			
f				
_ <u>g</u>	Applied to underdistributions of prior years  Applied to 2015 distributable amount		· · ·	
_ <u>h</u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7. \$			
a	Applied to underdistributions of prior years		<del></del>	
			-	
_ <u>b</u>	Applied to 2015 distributable amount  Remainder, Subtract lines 4a and 4b from 4		-	
		<del>                                     </del>		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
- 6	Remaining underdistributions for 2015. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3			
•	and 4c.	Ui		
8	Breakdown of line 7:			
a				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			
_				

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY. INC 65-0307017 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 . . . Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and oth	her recor	ds, chec	k any of the	e follov	ving that are a	significant	use of its
а	☐ Public exhibition		<b>d</b> [	☐ Loan	or exchang	e progi	rams		
b	☐ Scholarly research		<b>e</b> [	☐ Other	, 				
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.								ose in Part
5 	During the year, did the organization sassets to be sold to raise funds rather t	than to be mainta							es 🗌 No
Part									
	Complete if the organization a 990, Part X, line 21.								Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing ta	able:	_	<del></del>	Amount	
	December to the lands					-		Amount	
C	33		•			1c			
d	<b>3</b> ,					1d	<del></del>		
e	Distributions during the year					1e	<del></del>		
f	Ending balance					<u> </u>		- O D V	
2a	Did the organization include an amount								
	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the ex	pianatioi	n nas been	provide	ed on Part XIII	<del></del>	
Par		anautawa d #Waa!	' on For	000 F	Ond IV line	- 10			
	Complete if the organization	(a) Current year	(b) Prio		(c) Two year		(d) Three years ba	ck (a) Four	years back
4	Designation of very belonge	(a) Ourrent year	(6) 1 110	n year	(c) Two year	S Dack	(u) Tillee years ba	CK (e) rour	years back
1a	Beginning of year balance								
c	Contributions								
d	Grants or scholarships					{			
e	Other expenditures for facilities and programs	·			1			-	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	ne current vear en	d halanc	e (line 1o	column (a	)) held :			
a	Board designated or quasi-endowmen	•	%	o (o 19	,, oolaniin (a	,, 1.0.0	шэ.		
b	Permanent endowment ▶	%	'0						
C	Temporarily restricted endowment ▶	·′°							
·	The percentages on lines 2a, 2b, and 2		00%						
3a	Are there endowment funds not in the			ation tha	at are held	and ad	ministered for	the	
-	organization by.	, possession							Yes No
	(i) unrelated organizations							. 3a(i)	103 110
	· · . · · · · · · · · · · · · · · ·					•		. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations.					•		. 3b	<del></del> -
4	Describe in Part XIII the intended uses								
Par			711 0 01100						
rai	Complete if the organization		" on For	m 990 F	Part IV line	11a	See Form 990	Part X	line 10
	Description of property	(a) Cost or ot	her basis	(b) Cost o	or other basis	(c)	Accumulated epreciation	(d) Boo	
1a	Land	<u> </u>		<u>·</u>	956,930				956,930
b	Buildings			-	116,892		3,896		112,996
	Leasehold improvements	<del> </del>			1 10,032		5,090		112,330
ч С	Equipment				217,006		139,455		77,551
d e	Other	·		<u> </u>	217,000		109,400		11,001
	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90 Part \	Column	(B) line 10	)c )			1,147,477
i viali	mos ia miough re. (columni (d) m	ascoquari Onn 3	ou, rait/	, coluin	, <u>, , , , , , , , , , , , , , , , , , </u>	·/ ·	· · _ · <del>- · • •</del>		1,171,711

Part VII	Investments — Other Securities.  Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation of-year market value
(1) Fınancia				
	neld equity interests	·		
(3) Other				<del></del> _
(A) (B)				
(C)				
(D)		·· <del> </del>		
(E)				
(F)	·			<del></del>
(G)	·			<del></del>
(H)				_
Total. (Column	b) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII	Investments - Program Related.  Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	od of valuation of-year market value
(1) LAND H	ELD FOR HOME SITES	71,874	END OF YEAR MAR	KET VALUE
(2) NON-I	NTEREST BEARING MORTGAGE LOANS	3,244,333	END OF YEAR MAR	KET VALUE
(3)				
(4)				
(5)			<u> </u>	
(6)				
(7)				
(8)		<del></del>		
(9) Total. (Column	(b) must equal Form 990, Part X, col (B) line 13 ) ▶	3,316,207		
Part IX	Other Assets.		<u> </u>	<del></del>
	Complete if the organization answered "Yes" on F	Form 990, Part IV, In	e 11d. See Form	990, Part X, line 15.
(1) HOME	CONSTRUCTION IN PROGRESS		-	728,434
	ITY DEPOSITS			65,640
	OM AFFILIATE			685,610
(4)				
(5)				
(6)				
_(7)				
(9)	(h) must agual Form 000 Port V and (P) line 15			4.470.004
	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.	· · · · · · · · · · · · · · · · · · ·	<u> ▶</u>	1,479,684
Part X	Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, lın	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability (b) Book value	e T	<del></del>	· <del></del>
	ncome taxes	<del></del>		
(2)		<del></del> -		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	A)			
	(b) must equal Form 990, Part X, col (B) line 25)	0	n'a financial states	ato that raparts the
	or uncertain tax positions. In Part XIII, provide the text of the foo 's liability for uncertain tax positions under FIN 48 (ASC 740)			
Ji gai lization	Simplify for different tax positions direct Firs to (100 140) C		Toolinote has been	- p 11000 111 01 ( / 111

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	]
С	Recoveries of prior year grants	2c	7
d	Other (Describe in Part XIII.)	2d	] }
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	1
b	Other (Describe in Part XIII.)	4b	7
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del></del>
а	Donated services and use of facilities	2a	<u> </u>
b	Prior year adjustments	2b	7 i
С	Other losses	2c	7
d	Other (Describe in Part XIII.)	2d	7 1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	j j
b	Other (Describe in Part XIII.)		7
c	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
Part	XIII Supplemental Information.		<del></del>
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
SEE S	STATEMENT		

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC 65-0307017 Fundraising Activities, Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations g 

Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G	(Form 990 or 990-EZ) 2015				Page 2
Part II	Fundraising Events. Co than \$15,000 of fundrais gross receipts greater th	ing event contributions			ne 18, or reported more and 6b. List events with
	<u> </u>	(a) Event #1 GALA (event type)	(b) Event #2 GOLF (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
위			-		

			GALA	GOLF	3	(d) Total events (add col (a) through col (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	49,679	27,710	46,458	123,847
Œ	2	·				0
_	_	line 2)	49,679	27,710	46,458	123,847
	4	Cash prizes				0
	5	Noncash prizes .				0
Direct Expenses	6	Rent/facility costs				0
t Exp	7	Food and beverages	23,500	13,080	5,415	41,995
Direc	8	Entertainment	2,600	_	3,500	6,100
	9	Other direct expenses .	4,612	4,997	2,855	12,464
	10 11	Net income summary. Subtra	ct line 10 from line 3, co	olumn (d)	▶ ↑	60,559 63,288
Fe	rt I	than \$15,000 on Form 99		ed Yes on Form 990	J, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-Re	1	Gross revenue		!		
ses	2	2 Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	7 Direct expense summary. Ad-	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	. Subtract line 7 from li	ne 1, column (d)	•	
9	а	Enter the state(s) in which the organization licensed to colf "No," explain:	onduct gaming activities	s in each of these states		
10		Were any of the organization's ga	aming licenses revoked	l, suspended or terminat	ed during the tax year?	

chedul	ile G (Form 990 or 990-EZ) 2015			Pa	ge <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes		No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility				%
b	An outside facility				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶			~	
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	П	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	_		_	
С	amount of gaming revenue retained by the third party ► \$				
	Name ▶				
	Address►		<b>-</b> -		
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$				
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).	ind ( mat	v); ar ion (s	nd see	

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

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OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization
HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC.

65-0307017

Employer identification number

Part	Types of Property							
-		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art							
2	Art - Historical treasures .							
3	Art—Fractional interests							
4	Books and publications		· · · · · · · · · · · · · · · · · · ·					
5	Clothing and household							
	goods	/		2,063,389	SELLING CO	ST		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .					_		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests	ľ						
12	Securities-Miscellaneous							
13	Qualified conservation					-		
	contribution — Historic							
	structures	ļ						
14	Qualified conservation							
	contribution - Other							
15	Real estate-Residential							
16	Real estate - Commercial .							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	-						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( BUILDING MATERIALS )	1	31	35,551	MARKET VA	LUE		
26	Other ► ()	_			-			
27	Other ► (							
28	Other ► (							
29	Number of Forms 8283 received	by the or	ganization during the tax	year for contributions for				
	which the organization completed	Form 828	3, Part IV, Donee Acknowle	dgement	29	0		
					·	Ţ,	Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I, lines	1 through			
	28, that it must hold for at least the							
	to be used for exempt purposes	for the enti	re holding period?			30a	1	<b>√</b>
b	If "Yes," describe the arrangemen	nt in Part II.						
31	Does the organization have a		stance policy that require	es the review of any no	n-standard			,
		-				31		<b>√</b>
32a	Does the organization hire or us	e third par	ties or related organization	s to solicit, process, or se	ell noncash			
						32a	1	✓
b	If "Yes," describe in Part II.							
33	If the organization did not report a describe in Part II.	n amount ir	n column (c) for a type of pro	operty for which column (a)	s checked,			1

## Schedule O (Form 990) Department of Treasury Internal Revenue Service

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

OMB No 1545-0047 2015

Open to Public Inspection

Name of the Organization HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC

Employer Identification Number 65-0307017

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 1A - MATERIAL DIFFERENCES IN VOTING RIGHTS	AN EXECUTIVE COMMITTEE, CONSISTING OF THE PRESIDENT, VICE PRESIDENT, SECRE TREASURER, AND THE IMMEDIATE PAST PRESIDENT (SUBJECT TO HIS/HER WILLINGNESSERVE), SHALL HAVE FULL AUTHORITY TO MAKE DECISIONS ON BEHALF OF THE BOARD MEETINGS PROVIDED THAT THOSE DECISIONS DO NOT ESTABLISH OR SET POLICY OF CORPORATION ALL SUCH DECISIONS SHALL BE REPORTED TO THE BOARD AT THE NEXT FOLLOWING MEETING						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 IS REVIEWED IN DETAIL BY THE PRESIDENT & CEO AND DIRECTOR OF F	INANCE					
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY DIRECTOR ARE ASKED TO ANNUALLY DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INT COMPLIANCE WITH THE POLICY IS MONITORED BY THE PRESIDENT & CEO ANY WITH A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXCUSE THEMSELVES F PARTICIPATING IN ANY DECISIONS RELATED TO THE CONFLICT OF INTEREST	EREST BOARD MEMBERS					
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BY THE CHAIRN OF DIRECTORS SUBJECT TO APPROVAL BY THE EXECUTIVE COMMITTEE THE C BOARD USES COMPARABILITY DATA TO ENSURE COMPENSATION IS REASONAB AND DELIBERATIONS ARE DOCUMENTED THE COMPENSATION IS REVIEWED AN	HAIRMAN OF THE LE THE DECISIONS					
FORM 990, PART VI, LINE 15B - COMPENSATION OF OTHER OFFICERS	THE COMPENSATION OF THE OTHER OFFICERS IS DETERMINED BY THE PRESID COMPARABILITY DATA IS USED TO ENSURE COMPENSATION IS REASONABLE TI DELIBERATIONS ARE DOCUMENTED IN EACH EMPLOYEES' FILE THE COMPENSA ANNUALLY	HE DECISIONS AND					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTERES AVAILABLE UPON REQUEST	ST POLICIES ARE					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description IMPAIRMENT OF LAND AND LOTS HELD	<b>(b)</b> Amount - 7,075					

#### **SCHEDULE R** (Form 990)

#### **Related Organizations and Unrelated Partnerships**

2015 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 ► Attach to Form 990 Open to Public

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

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC.

Inspection 65-0307017

OMB No 1545-0047

	(a) Name, address and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					· · - · · · · · · · · · · · · · · · ·	
(2)						
(3)						
(4)						
(5)		· · · · · · · · · · · · · · · · · · ·				-
(6)				<u> </u>		

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 organizations during the tax year. Part II (a)
Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (e)
Public charity status
(if section 501(c)(3)) (f) Direct controlling entity (g) Section 512(b)(13) controlled entity? Yes No (1) HFHSPBC CLT, INC (27-2803038) 181 S E 5TH AVENUE, DELRAY BEACH, FL 33483 HOLD TITLE ON LAND HFHSPBC 501(C)(3) (4) (6) (7)

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

Schedule R (Form 990) 2015

(a) Name, address, and EIN of related organization		(b) Primary activity	Primary activity Legal Direct		Legal Direct controlling Predomin income (reli unrelate excluded foreign		ominant Sha e (related, elated ded from under	(f) are of total income	(g) Share of end-of year assets	Disprop	n) ortionate tions?	(i) Code V—UE amount in box of Schedule k (Form 1065	20 ma -1 pa	(j) neral or maging artner?	(k) Percentago ownership
(1)							<del></del> ·		Yes	No		Ye	s No		
									<del> </del>			+			
									+						
					-								-		
(5)									-						
									-						
						1									
(7)	Identification of	Related Organiz	zations Taxable related organi	e as a Corpora	tion or	Trust Compl	lete if the	e organizatio	n ansv	vered	d "Yes" on F	orm 9	90, Pa	rt IV,	
(7) Part IV		Related Organia had one or more	zations Taxable related organi (b)	zations treated	as a co	Trust Complorporation or t	trust duri	ing the tax you (e) of entity Sha	n ansv ear (f) re of tota	al	d "Yes" on F  (g) Share of d-of-year assets	(h) Percent owners	age Se	(t) ction 512(b)(13 controlled entity?	
Part IV	Identification of line 34 because it	Related Organia had one or more ed organization	e related organi (b)	zations treated (c) y Legal do	as a co	(d) Direct controlling	trust duri	ing the tax you (e) of entity Sha	ear (f) re of tota	al	(g) Share of	(h) Percent	age Sei	(i) stion 512(b)(10 controlled	
(7) Part IV Nan	Identification of line 34 because it (a) (a) e, address and EIN of relate	Related Organia had one or more ed organization	e related organi (b)	zations treated (c) y Legal do	as a co	(d) Direct controlling	trust duri	ing the tax you (e) of entity Sha	ear (f) re of tota	al	(g) Share of	(h) Percent	age Sei	(i) tion 512(b)(13 controlled entity?	
(7) Part IV Nan (1) (2)	Identification of line 34 because it (a)	Related Organia had one or more ed organization	e related organi (b) Primary activit	zations treated (c) y Legal do	as a co	(d) Direct controlling	trust duri	ing the tax you (e) of entity Sha	ear (f) re of tota	al	(g) Share of	(h) Percent	age Sei	(i) tion 512(b)(13 controlled entity?	
(7)  Part IV  Nan  (1)  (2)  (3)	Identification of line 34 because it (a) (a) e, address and EIN of relate	Related Organia had one or more ed organization	e related organi (b) Primary activit	zations treated (c) y Legal do	as a co	(d) Direct controlling	trust duri	ing the tax you (e) of entity Sha	ear (f) re of tota	al	(g) Share of	(h) Percent	age Sei	(i) tion 512(b)(13 controlled entity?	
(7) Part IV Nan (1) (2) (3) (4)	Identification of line 34 because it (a)	Related Organia had one or more ed organization	e related organi (b) Primary activit	zations treated (c) y Legal do	as a co	(d) Direct controlling	trust duri	ing the tax you (e) of entity Sha	ear (f) re of tota	al	(g) Share of	(h) Percent	age Sei	(i) tion 512(b)(13 controlled entity?	
(7) Part IV Nan (1) (2) (3) (4)	Identification of line 34 because it (a) ie, address and EIN of relate	Related Organia had one or more ed organization	e related organi (b) Primary activit	zations treated (c) y Legal do	as a co	(d) Direct controlling	trust duri	ing the tax you (e) of entity Sha	ear (f) re of tota	al	(g) Share of	(h) Percent	age Sei	(i) tion 512(b)(13 controlled entity?	

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Part	Transactions With Related Organizations Complete if the organization answer	ered "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					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	nizations listed in Parts	s II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a		$\overline{}$
b	Gift, grant, or capital contribution to related organization(s)				1b		<b>√</b>
С	Gift, grant, or capital contribution from related organization(s)				1c		<b>√</b>
d	Loans or loan guarantees to or for related organization(s)				1d		<b>√</b>
e	Loans or loan guarantees by related organization(s)				1e		<b>✓</b>
f	Dividends from related organization(s) .				1f		
g	Sale of assets to related organization(s)		•		1g		<b>√</b>
h	Purchase of assets from related organization(s)			-	1h		✓
i	Exchange of assets with related organization(s) .				11		✓_
J	Lease of facilities, equipment, or other assets to related organization(s)				1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)		•		1k		✓_
- 1	Performance of services or membership or fundraising solicitations for related organization(s	)			11	✓	
m	Performance of services or membership or fundraising solicitations by related organization(s)		•		1m		✓_
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		•		1n	✓	
0	Sharing of paid employees with related organization(s)				10	1	
					<u> </u>		
р	Reimbursement paid to related organization(s) for expenses				1p	1	
q	Reimbursement paid by related organization(s) for expenses .				1q		✓,
					<u> </u>		
r	Other transfer of cash or property to related organization(s)	•		•	1r	<b>/</b>	
s	Other transfer of cash or property from related organization(s)		•	<u>., </u>	1s	L	<u> </u>
_2_	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, inc	luding covered relation	iships and transa	ction thi	eshol	ds
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of determi	(d) ning amou	int invol	ved
121							
_(=)							
(3)							
_(4)							
(5)							
(6)							
				Schedu	le R (For	m 990	2015

#### Part VI 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

	s revenue) that was not a related org	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections \$12-514)	Predominant Are all pa income (related, inrelated, excluded from tax under organizal		(e) Are all partners section 501(c)(3) organizations?  (f) Share of total income organizations?		(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		(k) Percentage ownership
			]	sections 512-514)	Yes	No			Yes	No	] _	Yes	No	
(1)			-								_			
(2)									<b>†</b>					
(3)									1	-				
(4)							<del>-</del>		1 -			1		
(5)										-		-		
(6)						_	<u></u>		+	_				
(7)									<del> </del>	_		<del>  -</del>	-	
(8)									†	-		1	_	
(9)									+			$\dagger$	-	
(10)						-			+-			-		
(11)									†-			1	-	
(12)									1			+		
(13)							<del>-</del>		+			1		
(14)						_	<del></del>		+			<u> </u>	<u> </u>	
(15)									<del> </del>			+		
(16)							<u> </u>		+-	-		<del> </del>		

Schedule R (Form 990) 2015