2015

990 Form

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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Information about Form	990 and i	its instruction	s is at	www.irs.gov	/form990.

C Harne of organization ALBITAT FOR HUMANITY OF NORTHERN AZ Demployer identification no. Demployer identification no. Demployer identification no. B6-0745153	À	For	the 2	2015 calend	ar vear. or	tax year beg	innina			07-01	, 2015, and e	ndina		06-	-30 ,2016
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						FLAGST	AFF AZ 8	6001				<u> </u>	9	28 <i>-</i> 7	74-8995
For Paperwork Reduction Act Notice, see the separate instructions.	Ма	y the	IRS	discuss this	return with	the preparer s	shown abov	e? (see inst	ructions)					• • •	· · · 🗌 Yes 🛛 No
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POIN	1990 (2015) HABITAT FOR HUMANITY OF NORTHERN AZ 86-0745153 Page 2 Statement of Program Service Accomplishments										
7	Cutterion of Frogram del vice Accomplishments										
1	Check if Schedule O contains a response or note to any line in this Part III										
•											
	FAITH BASED HOUSING ORGANIZATION BRINGING ALL FAITHS TOGETHER TO WORK IN PARTNERSHIP WITH THOSE IN NEED, BUILDING DECENT HOMES IN DECENT NEIGHBORHOODS										
	INOSE IN NEED, BUILDING DECENT NOTES IN DECENT NEIGHBURNOUDS										
2	Did the organization undertake any significant program services during the year which were not listed on the										
	prior Form 990 or 990-EZ?										
	If "Yes," describe these new services on Schedule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services? · · · · · · · · · · · · · · · · · · ·										
	If "Yes," describe these changes on Schedule O										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by										
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,										
	the total expenses, and revenue, if any, for each program service reported										
4a	(Code:) (Expenses \$163,025 including grants of \$) (Revenue \$)										
	ACTIVELY PURPOSED NEXT BUILDING OPPORTUNIITY BY WORKING WITH THE CITY TO FIND BUILDING SITE										
	AND PURPOSED FAMILY SELECTION.										
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)										
											
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)										
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4d	Other program services (Describe in Schedule O)										
	(Expenses \$ including grants of \$) (Revenue \$)										
<u>4e</u>	Total program service expenses 163,025										
EEA	Form 990 (2015)										

Form 990 (2015) HABITAT FOR HUMANITY OF NORTHERN AZ 86-0745153 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, 5 Χ 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 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 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 Χ 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 167 If "Yes," complete Schedule D, Part VII 11b Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 11c Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 X 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 Χ 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 Χ

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

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

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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Χ

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18

19

Checklist of Required Schedules (continued) Right C Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I. Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 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 23 employees? If "Yes," complete Schedule J Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d d 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 25a Х transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 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? 25b X 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 26 disqualified persons? If "Yes," complete Schedule L, Part II Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Х entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ 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 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I Χ 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 X 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Form 990 (2015) 86-0745153 HABITAT FOR HUMANITY OF NORTHERN AZ Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 1c X reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Χ organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Х d 7е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> Χ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a а Did the sponsoring organization make any taxable distributions under section 4966? 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter-а b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 а is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015) HABITAT FOR HUMANITY OF NORTHERN AZ Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 10 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? Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Nα 10a X 10a Did the organization have local chapters, branches, or affiliates? 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 X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Χ 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	► A

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records 20

STEVE CONRAD (928)779-1314, PO BOX 3783, FLAGSTAFF, AZ 86003

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### HABITAT FOR HUMANITY OF NORTHERN AZ

86-0745153

age 7

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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)	Position				(D)	(E)	(F)		
Name and Title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated	
	hours per week (list any	offic	er and	d a dı	recto	r/trustee)	)	compensation from	compensation from related	amount of other compensation
	hours for				~	0.7	_	the	organizations	
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highes employ Key en		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted line)	dual t	tiona	_	mplo	st co	er			and related organizations
	inie)	ruste	l trus		yee	mper				organizations
		Ф	tee			Highest compensated employee				
						۵				
(1) want income										
(1) KARL EBERHARD BOARD CHAIR	2.00	X		Х				(	0	o
(2) MICHAEL LAUZON	2.00	71							, 0	<u> </u>
TREASURER		Х		Х				(	o	o
(3) ROBERT BRAUDY	2.00									
PAST PRESIDENT		Χ							0	0_
(4) DANI_LAWRENCE	2.00									
SECRETARY		X		X				(	0	0_
(5) RICK LOPEZ	2.00	7.5								
BOARD MEMBER	2 22	X							0	<u>0</u>
(6) KIM MURDZA BOARD MEMBER	2.00_	Х						(	0	0
(7) JAMES SPEED	2.00	71		-					, 0	<u> </u>
BOARD MEMBER		Х						(	o	0
(8) DIANA WHITE	2.00									
BOARD MEMBER		Х				_		(	0	0
(9) MIKE SHERWOOD	2.00									
BOARD MEMBER		X						(	0	0
(10)ERIC WOLVERTON	40.00									
EXECUTIVE DIRECTOR				X				58,692	0	0
(11)										
(12)	<u> </u>									<u> </u>
(13)										
-										-
(14)										

Delu Mil	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh	est (	Comp	ensa	ted Employees (	continued)			
	•				(0			l			1		
•	(A)	(B)	(do not check more than one			(D)	(E)		(F)				
	Name and title	Average hours per	box, ı	unless	s pers	on 15	both an		Reportable compensation	Reportable compensation from		stimated nount of	
		week (list any	<del>-</del> -	_		ector/	trustee)		from	related	-	other	
		hours for	Individual trustee or director	Instr	Officer	Хey	High	Former	the	organizations (W-2/1099-MISC)	1	pensation rom the	
		related organizations	recto	utio	ď	Key employee	lest	ner i	organization (W-2/1099-MISC)	(W-2/1099-WISC)	1	anization	
		below dotted	י לת	nai tr		loye	comi	İ				d related	
		line)	stee	Institutional trustee		е	Highest compensated employee			1	org	anızatıons	
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	b-total		• • •	• •	• •		• • •	<b>•</b>	· 				
	tal from continuation sheets to Part VII, Section			• •	• •	• •		•					
	tal (add lines 1b and 1c)	<del></del>		-					58,692		0		0
	al number of individuals (including but not limited	to those liste	ed abo	ve) v	vno i	rece	ivea m	iore	than \$100,000 of		•		
rep	portable compensation from the organization	<del></del>			_				<del></del>		0	Yes	No
3 Dic	I the organization list any former officer, director,	or trustee, ki	ev emi	olove	e o	r hic	ihest c	omn	ensated				
	ployee on line 1a? If "Yes," complete Schedule J		-	J. 0 y c	• •						3		X
	r any individual listed on line 1a, is the sum of rep			on a	and c	ther	comp	ensa	ation from the				
	ganization and related organizations greater than												
_	lividual										4		Χ
5 Dic	d any person listed on line 1a receive or accrue co	ompensation	from a	iny ι	ınrel	ated	l organ	ıızatı	on or individual				
	services rendered to the organization? If "Yes," c	omplete Sch	edule .	J for	suc	h pe	rson		<u></u> .	<u> <u></u> <u>.</u></u>	5		Χ
Section	B. Independent Contractors												
	mplete this table for your five highest compensate												
cor	mpensation from the organization. Report competent	nsation for th	e cale	ndar	yea	r en	ding w	ith o	r within the organiz	zation's tax			
yea	<del></del>												
	(A)								(B)	I		(C)	
	Name and business address								Description of	services	Com	pensation	
			-										
									<del>                                     </del>	<del></del>			
·	<del></del>		_				•		<del> </del>				
									1				
2 Tot	al number of independent contractors (including t	out not limited	d to the	ose	listed	abo	ove) w	ho					
	relived more than \$100,000 of compensation from						-,	-			200		

		Check if Schedule O contains a response or no	te to any line in this	Part VIII			
				(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ts, Grants Amounts	1a	Federated campaigns 1a		The second se			
e o	b	Membership dues · · · · · · · 1b					
An An	С	Fundraising events · · · · · · 1c	<del></del>		again.		
Contributions, Giff and Other Similar	d	Related organizations · · · · · · · 1d					
S.E.	е	Government grants (contributions) · · 1e	95,062				
ē₽	f	All other contributions, gifts, grants,					
ള		and similar amounts not included above 1f	105,022			A. San	
g g	g	Noncash contributions included in lines 1a-1f \$	4,370			eri eri eri eri	
_ <u>%</u> #_	h	Total. Add lines 1a-1f · · · · · · · · · · · · · · · · · · ·		200,084			l Paris estadas de la composición de la c
ē			Business Code				
Program Service Revenue	1 .	MORTGAGE DISCOUNT AMORT	900099	14,466	14,466		
2	b						
Ž	C						
Se	<u> </u>						
gran		All other program service revenue					
e S		Total. Add lines 2a-2f		14,466	र स्टब्स्ट स्ट्रास्ट स्टब्स	ter met min en en fan f	
		Investment income (including dividends, interest, and other similar amounts)		12,200			
	5	Royalties					
		(ı) Real	(ii) Personal				
	1	Gross rents · · · · · · ·					
	b	Less rental expenses · · · ·			The state of the s		1
	С	Rental income or (loss) · · ·					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other	28, 38,			
		assets other than inventory					
	b	Less cost or other basis				A STATE OF THE STA	
	1	and sales expenses · · · ·					1
	1	Gain or (loss)				Contract of the state of the st	
ø		Net gain or (loss)			the Transaction of the Control of th		
Ž	8a	Gross income from fundraising		y.		r military in the	
Other Reve	ŀ	events (not including \$				30.00	E.
Œ		of contributions reported on line 1c)					i.
ŧ	.	See Part IV, line 18 · · · · · · · a				man the state of t	1
O		Less direct expenses b	<u> </u>		e ce lean.		
			· · · · · · · <b>&gt;</b>	<del></del>		2 · 6 2 1 · 4 · 5 · · ·	
	34	Gross income from gaming activities.  See Part IV, line 19 · · · · · · · · · a				12. s	i.
	۱ ,	Less direct expenses b		,			
	1	•			The second section is the second		
	1			10T +	A ST TO A TOTAL PROPERTY AND A		
	10a	Gross sales of inventory, less returns and allowances a	E3E 14E				
	h	Less cost of goods sold b	535,145		Transfer of the second	us that y	
		Net income or (loss) from sales of inventory • •	339,043	196,102	196,102		
		Miscellaneous Revenue	Business Code	190,102	190,102		
	11a	พแรนอเกตเอนนร กระชยเนย	Duamess Code	<u> </u>	Victorial Contraction (Contraction)	A Paris	
	b						
	c						
	4	All other revenue					-
	1	Total. Add lines 11a-11d					Part of the second
	1	Total revenue. See instructions		410,652	210,568	0	0

### Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, 7b, (A) Total expenses Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees ..... 58,693 25,071 33,460 162 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 . . . . . . . . . . . . . . . . 58,682 25,067 33,454 161 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees) Management Legal Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ... 10,565 10,565 12 6,072 514 5,558 13 5,798 306 398 5,094 14 Information technology . . . . . . . . . . . 1,762 84 1,678 15 Royalties 25,950 16 59,859 33,909 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 961 961 21 1,000 1,000 22 Depreciation, depletion, and amortization . . . . . . . 43 43 23 11.953 726 11.227 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) DUES AND MEMBERSHIPS 7,144 500 7,691 47 DISCOUNT ON MORTGAGE ORIGINI 74,533 74,533 A BRUSH WITH KINDNESS 10,290 10,290 All other expenses 10,466 437 8,937 1,092 Total functional expenses. Add lines 1 through 24e 25 163,025 153,030 318,368 2,313 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 following SOP 98-2 (ASC 958-720)

**Balance Sheet** 

		Check if Schedule of Contains a response of note to any line in this Part X		<u> </u>	• • • • • • • •
	•		(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	58,699	1	109,295
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	100	3	
	4	Accounts receivable, net		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	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		,	
		organizations (see instructions) Complete Part II of Schedule L		6	
ςς.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	7,223	9	7,223
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · 10a 22,101	於此。 學學,然,實施		
	b	Less accumulated depreciation · · · · · · · · · 10b 20,844		10c	1,257
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	-
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	360,425	15	370,484
	16	Total assets. Add lines 1 through 15 (must equal line 34)	426,447	16	488,259
	17	Accounts payable and accrued expenses	28,097	17	28,546
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,		1	
iit		trustees, key employees, highest compensated employees, and		اغ ۾ تي	
Liabilities		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·	31,421	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·	1,850	25	2,350
	26	Total liabilities. Add lines 17 through 25	61,368	26	30,896
<b>6</b>		Organizations that follow SFAS 117 (ASC 958), check here 🕒 🗓 and			
Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	365,079	27	457,363
Ва	28	Temporarily restricted net assets		28	
<u>n</u>	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here		\$	
, or		complete lines 30 through 34.	F. Carlotte St. Carlotte		14
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	365,079	33	457,363
	34	Total liabilities and net assets/fund balances	426,447	34	488,259

		<u>6-0745153</u>	Page	12
िंदू.'	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	410,65	2
2	Total expenses (must equal Part IX, column (A), line 25)	2	318,36	
3	Revenue less expenses Subtract line 2 from line 1	3	92,28	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	365,07	9
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		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	457,36	3
1115	Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	• • • • • •	<u> </u>	
			Yes	No
1	Accounting method used to prepare the Form 990	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		Ob	V
Þ	, , , , , , , , , , , , , , , , , , , ,		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis			
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		4 7	
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	٠.
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		(	
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ja	the Single Audit Act and OMB Circular A-133?		3a	Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

EEA

Form 990 (2015)

### 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

Carried Forms

Name of the organization Employer identification number HABITAT FOR HUMANITY OF NORTHERN AZ 86-0745153 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross q receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9) listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Section A. Public Support

	tion A. I abile capport									
Caler	ndar 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")	56,833	65,549	78,683	103,279	214,550	518,89 <b>4</b>			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,								
4	Total. Add lines 1 through 3	56,833	65,549	78,683	103,279	214,550	518,894			
5	The portion of total contributions by	^				(1.5)				
	each person (other than a			ا با المحادث ا						
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount			5.5		Company of the same				
	shown on line 11, column (f)		و الم				8,159			
6	Public support Subtract line 5 from line 4 • •				100 Ed. 1200 19 West		510,735			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total			
7	Amounts from line 4	56,833	65,549	78,683	103,279	214,550	518,894			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10						518,894			
12	Gross receipts from related activities, etc. (s	see instructions)				12				
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	<u></u>				▶□			
	tion C. Computation of Public Su	··				<del></del>				
14	Public support percentage for 2015 (line 6,	• •	•	f))			8.43 %			
15	Public support percentage from 2014 Scheo						0.00 %			
16a	33 1/3% support test - 2015. If the organiz									
	box and stop here. The organization qualifi			•			· · · ▶ 🛚 🗓			
b	33 1/3% support test - 2014. If the organiz			·	•					
	check this box and stop here. The organiza	-		3			▶ ⊔			
17a	10%-facts-and-circumstances test - 2015	-								
	10% or more, and if the organization meets				•					
	Part VI how the organization meets the "fac		-	•			_			
	organization						▶ 📙			
b	10%-facts-and-circumstances test - 2014	-				е				
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
	Explain in Part VI how the organization mee			-	•	=	_			
							· · · ▶ ∐			
18	Private foundation. If the organization did									
	ınstructions	· · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u>··· ▶ ∐</u>			

# 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.)

Sec	ction A. Public Support						
Cale	endar 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		-				
3	Gross receipts from activities that are not an		<u> </u>				
_	unrelated trade or business under section 513 •						<u> </u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		-		ļ		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·	r ve singe	rota, rotania, sen				
8	Public support. (Subtract line 7c from line 6)			***			
Sec	ction B. Total Support	و الاستخداد المستخدم و	<u>نگلگ محقورها فضما با بنیا در در در د</u>	a di Maria de America de Maria	alle den in still till stock at an illen		<del></del>
Cale	endar 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 · · · · · · · · · · · · · · · · · ·				ļ		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·						<u> </u>
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 loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the or organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·	<u></u>		s a section 501(c)(3		▶ 🔲
_	ction C. Computation of Public Su	<del>··</del>					
	Public support percentage for 2015 (line 8, co	•	•	• •		15	%
16 Sa	Public support percentage from 2014 Scheduction D. Computation of Investment			<u> </u>		16	%
_	ction D. Computation of Investme	<del></del>		lump (f\)		17	
17 18	Investment income percentage for 2015 (line Investment income percentage from 2014 Sc		-	iumn (f))		18	%
	33 1/3% support tests - 2015. If the organiz	ation did not check	the box on line 14	, and line 15 is mo	re than 33 1/3%, ar	nd line	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2014. If the organiz	•	•		-		
	line 18 is not more than 33 1/3%, check this	box and stop here.	. The organization	qualifies as a publi	cly supported orgai	nization • •	▶ 📙
20	Private foundation. If the organization did n	ot cneck a box on li	ine <u>14, 19a, or 19</u> b	, cneck this box ar	ia see instructions		<u> </u>

86-0745153

### **Supporting Organizations**

(Complete only if you checked a box in line 11 of 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.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

an	(V.)		
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	10b		

Schedu	ule A (Form 990 or 990-EZ) 2015 HABITAT FOR HUMANITY OF NORTHERN AZ	86-0745153		Pá	age <b>5</b>
-	Supporting Organizations (continued)		— <del>-</del>	- T	
44	Lies the exemperator essented a sift or contribution from any of the following access?		_	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly centrals, either along or together with persons described in (b)	and (a)		6	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) below, the governing body of a supported organization?		1a		
h	A family member of a person described in (a) above?		1b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide de	<u> </u>	1c	-+	
	tion B. Type I Supporting Organizations	7. Carl 11. 1 Carl 11.			
				Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power	er to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times	during the	4.7		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supported				
	controlled the organization's activities. If the organization had more than one supported organization				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	ar.	1		
_					
2	Did the organization operate for the benefit of any supported organization other than the supported organization other than the supported organization of the support of th				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," exp VI how providing such benefit carried out the purposes of the supported organization(s) that oper				
	supervised, or controlled the supporting organization.		2		
Sec	tion C. Type II Supporting Organizations		_		
	men e. rype n cupper mig erganizatione			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the	ne directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI ho				
	or management of the supporting organization was vested in the same persons that controlled or	managed			
	the supported organization(s)		1		
Sec	tion D. All Type III Supporting Organizations				_
_				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth mo				
	organization's tax year, (i) a written notice describing the type and amount of support provided du		is li	*	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii)		1		· ·
	organization's governing documents in effect on the date of notification, to the extent not previous	siy provided?		12	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain		7		e
	the organization maintained a close and continuous working relationship with the supported orga	nızatıon(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have	'e a	- 1	. !	
	significant voice in the organization's investment policies and in directing the use of the organization				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	zation's	Service Company		
	supported organizations played in this regard		3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	<del> </del>		-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test duri	ng the year (see ins	truc	tions	;):
a					
b		rovernment entity (e	00 10	otruo	tions
c	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part VI how you supported a governmental entity Describe in Part	jovernment entity (s	ee in	Yes	
2	Did substantially all of the organization's activities during the tax year directly further the exempt	nurnoses of		163	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b>				
	those supported organizations and explain how these activities directly furthered their exemp			. !	
	how the organization was responsive to those supported organizations, and how the organization				
	that these activities constituted substantially all of its activities.	,	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement,				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		7 2		
	reasons for the organization's position that its supported organization(s) would have engaged in		,	-8	
	activities but for the organization's involvement		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, director	ors, or			·
	trustees of each of the supported organizations? Provide details in Part VI.	L	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and a				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in	this regard.	3b		L

other Type III non-functionally integrated supporting organizations must complete Sections A through E  Section A - Adjusted Net Income  (A) Prior Year (optional)  1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Sections A income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (B) Current Year (optional)  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 C Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 C Ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Minimum Asset Amount (add line 7 to line 6)  8 Minimum Asset Amount (add line 7 to line 6)	1 Check here if the organization satisfied the Integral Part Test as a qualify			instructions. All
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4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 035  7 Recoveries of prior-year distributions  7 8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	2 Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 035  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	3 Subtract line 2 from line 1d	3		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	nt,		
6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	see instructions).	4		
7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6)  8 Minimum Asset Amount (add line 7 to line 6)  8 Cection C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  4 Income tax imposed in prior year  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	6 Multiply line 5 by 035	6		
Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	7 Recoveries of prior-year distributions	7	<u></u>	
1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	8 Minimum Asset Amount (add line 7 to line 6)	8		
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-functionally-integrated Type III supporting organization (see	Section C - Distributable Amount			Current Year
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-functionally-integrated Type III supporting organization (see	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see		2		
4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see		3		-
5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see				4
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see		5		
emergency temporary reduction (see instructions)  7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see				•
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see		6		
instructions)	7 Check here if the current year is the organization's first as a non-function			ng organization (see
	instructions)			

8

b

Breakdown of line 7:

c Excess from 2013 d Excess from 2014 e Excess from 2015 Schedule A (Form 990 or 990-EZ) 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.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2015

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Name	of the organization	Employer identification number
<u>H</u> AE	BITAT FOR HUMANITY OF NORTHERN AZ	86-0745153
•	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	zation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	<b>▶</b>	Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	<b>▶</b> \$	• •
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	s)(ı)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	ent, 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 Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	s
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	lance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	therance of
	public service, provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	
$\overline{}$		

Schedu	le D (Form 990) 2015 HABITAT FOR HUN							86-074		Page 2
: =. _	Organizations Maintaining C	ollec	tions of A	rt, Histo	rical Tr	easures, c	or Oth	er Similar As	sets (co	ntinued)
3	Using the organization's acquisition, accession, a	and oth	er records, ch	eck any of	the follow	ng that are a	significa	nt use of its		
	collection items (check all that apply)									
а	Public exhibition		d 🗌 Loai	n or exchan	ige progra	ms				
b	Scholarly research		e 🗌 Othe	er						
C	Preservation for future generations									
4	Provide a description of the organization's collect	tions ai	nd explain hov	w they furth	er the orga	anızatıon's ex	empt pu	rpose in Part		
	XIII.									
5	During the year, did the organization solicit or rec	ceive d	onations of an	t, historical	treasures,	or other simi	ılar			
	assets to be sold to raise funds rather than to be	mainta	ained as part o	of the organ	ization's c	ollection?		· · · · · · · · ·	· · 🔲 <b>›</b>	es 🗌 No
7	Escrow and Custodial Arrang									
	Complete if the organization ar	nswer	ed "Yes" o	n Form 9	90, Part	i IV, line 9,	or rep	orted an amo	unt on Fo	orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of		-							_
	included on Form 990, Part X?								🔲 ነ	es 🔲 No
b	If "Yes," explain the arrangement in Part XIII and	compl	ete the followi	ng table						
								An	nount	
C	Beginning balance						· · 10			
d	Additions during the year						· • 1d			
е	Distributions during the year						· • 1e			
f	Ending balance						• • <u>1f</u>	<del></del>		
2a	Did the organization include an amount on Form	990, P	art X, line 21,	for escrow	or custod	ial account lia	ability?		· · · · 📙 ›	res 📙 No
b	If "Yes," explain the arrangement in Part XIII Ch	eck he	re if the explai	nation has t	peen provi	ded on Part )	XIII		· · · · ·	· · · <u>                                </u>
7.				_			_			
	Complete if the organization ar	nswer	ed "Yes" o	n Form 9	90, Par	t IV, line 10	). ———			
		(a)	Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years back	(e) Fou	r years back
1a	Beginning of year balance			L						
b	Contributions			<u> </u>						
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs								_	
f	Administrative expenses									
g	End of year balance	Ĺ		<u> </u>				· ·		
2	Provide the estimated percentage of the current	year e	nd balance (lı	ne 1g, colui	mn (a)) he	ld as				
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С	Temporarily restricted endowment		_ %							
	The percentages in lines 2a, 2b, and 2c should	equal 1	00%							
3a	Are there endowment funds not in the possession	on of th	e organizatior	n that are he	eld and ad	mınıstered fo	r the			
	organization by									Yes No
	(i) unrelated organizations · · · · · · ·			• • • • •		• • • • • •			. 3a(i)	
	(ii) related organizations · · · · · · · ·								· 3a(ii)	
b	If "Yes" on 3a(II), are the related organizations list	sted as	required on S	Schedule R	?				. 3b	
4	Describe in Part XIII the intended uses of the or		ion's endowm	ent funds						
						. 15.7.3		<b>—</b> ••• -		- 40
	Complete if the organization as	nswei	red "Yes" o	n Form 9	390, Par	t IV, line 1	1a. Se	e Form 990, F	art X, lin	e 10.
	Description of property		(a) Cost or oth			or other basis	}	Accumulated	( <b>d</b> ) Bo	ok value
			(investm	ent)	<u> </u>	other)		epreciation		
1a	Land	• • •								
b	Buildings	• • •					ļ			
С	Leasehold improvements	• • •			ļ					
d	Equipment	• • •				22,101		20,844		1,257
<u>e</u>	Other									
Tota	<ol> <li>Add lines 1a through 1e (Column (d) must equ</li> </ol>	ial Forr	n 990, Part X,	column (B	), line 10c	)	<u></u>	· · · · · •		1,257

Schedule D (F		MANITY OF NORTHERN A	Z 86-0745	153 Page 3
	Investments - Other Securities.  Complete if the organization answere	d "Voc" on Form 000 Pr	ort IV June 11h See Form 900 P	art V line 10
				arr A, iiile 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market valu	ie
(1) Financ	al derivatives		Cost of cite of your marile	
• •	r-held equity interests			
(3) Other	Third oquity interests	<del></del>		
(A)				
(B)		<del> </del>		
(C)				
(D)	<del> </del>	-		
(E)	<del></del>			
(F)				
(G)				
(H)	<del></del>			
<del></del>	n (b) must equal Form 990, Part X, col (B) line 12)	·- <u>-</u> -		THE THE THE T
Total: (Coloin	Investments - Program Related.	<del></del>	h. Elisa te hama umamada may mil milindagi min dibanggal tetah his	<u> </u>
	Complete if the organization answere	d "Yes" on Form 990. Pa	art IV. line 11c. See Form 990. P	art X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market valuation	ve
(1)				<del></del>
(2)				
(3)				
(4)				
(5)	<del> </del>			
(6)	<del></del>			
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
	Other Assets.			Bartings - America is as a fire barre is a second
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, F	art X, line 15.
	<del></del>	Pescription		(b) Book value
(1) MOR	TGAGES RECEIVABLE NET OF DISCOUN			364,877
	SING CONSTRUCTION IN PROGRESS			5,607
(3)				
(4)				
(5)	<del></del>			
(6)	<del></del>			
(7)	<del></del>			
(8)	<del></del>			
(9)	· · · · · · · · · · · · · · · · · · ·			
	umn (b) must equal Form 990, Part X, col (B) line 15	)		370,484
Totali (oc	Other Liabilities.			3707200
	Complete if the organization answere	ed "Yes" on Form 990. P	art IV. line 11e or 11f. See Form	990, Part X.
	line 25.		,	,
1.	(a) Description of liability	(b) Book value	A CONTROL OF THE PARTY OF THE P	The state of the s
	ral income taxes	(a) Book value		1

1.	(a) Description of liability	(b) Book value	
(1) Feder	al income taxes		
(2) <b>DEF</b>	ERRED RENT	2	2,350
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	▶   2	2.350

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

-	ule D (Form 990) 2015 HABITAT FOR HUMANITY OF NORTHERN AZ		86-0745153	Page 4
:	Reconciliation of Revenue per Audited Financial Statement		Return.	
	Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.		
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	i		
а		ła		
b		!b	1	
c	. , 3	2c	k	
d		td .		
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	la l	March 1	
b	Other (Describe in Part XIII )	lb		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
- 1	Reconciliation of Expenses per Audited Financial Stateme		per Return.	<u></u>
	Complete if the organization answered "Yes" on Form 990, Pai		•	
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			
– a	ı	2a		
b	<u> </u>	2b		
c		20		
d	<del> </del>	2d		
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
-	Subtract line 2e from line 1		3	
3			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	•-		
a		la		
b	Other (Describe in Part XIII )	lb	_	
C			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.		5	<del></del>
	<del></del>	h and Oh. Dard V Lucy 4. Da	at V. Ivaa	
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1		II A, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi	illoriai iniormalion		

### **SCHEDULE O**

(Form 990 or 990-EZ)

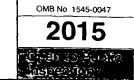
Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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



Internal Revenue Service Name of the organization Employer identification number HABITAT FOR HUMANITY OF NORTHERN AZ 86-0745153 01. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS OR WILL BE CONDUCTED. 02. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS WILL CONDUCT A REVIEW AND DETERMINE MARKET RATE PAY FOR THE EXECUTIVE DIRECTOR 03. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.