Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047	
2046	
2016	
Open to Diblic	3
Open to Public	ŀ
©/⊠inspection ∵a	

A	For the	2016 c	alendar year, or tax year beginning 0	7/01/16 , and er	ding $06/30$	/17		
В	Check if ap	plicable	C Name of organization				D Employer	ridentification number
	Address ch	палде	UMPQUA VAI	LEY HABITAT FO	R HUMANITY			
	Name char	nae	Doing business as					197967
	,	-	Number and street (or P O box if mail is not delivered	to street address)		Room/suite	E Telephone	number 672-3936
<u></u>	Initial return		PO BOX 1391 City or town, state or province, country, and ZIP or for	eign postal code			241_	012-3930
L	terminated		•	• .				erpts \$ 47,791
	Amended r	return	ROSEBURG F Name and address of principal officer	OR 97470			G Gross reco	eipts \$ 47,791
	Application	n nendina	CHERI PAGE			H(a) is this a gro	oup return for su	ubordinates? Yes X No
_) · 	- pointing	PO BOX 285			H(b) Are all sub	ordinatos inclu	ded? Yes No
				OR 97495		J		(see instructions)
			WINCHESTER	······································	F-1	2 		,,
+	Tax-exem		X 501(c)(3) 501(c) () ◀ VHFH.COM	(insert no) 4947(a)(1) or 527	/		_
7	Website:			011	 	H(c) Group exe	995	22
K	Form of or Part 1			Other >		Year of formation	995	M State of legal domicile OR
. (mmary					
	}	-	scnbe the organization's mission or most siç		TTTEC MUAM	DECIDE TO	NAME TO LET	מדי
٥	<u> </u>		HOME.	LOW INCOME PAR	TILES INAL	DESIRE IO	DMM TUE	IIK
ž		OMN	HOME.					
Artivities & Governance		Nb 1- 4b -		d d		50/ -f.tot	_	
ç	3 2 3	Check the			sed of more than 2	5% of its net asset	1 1	9
ol u	3 1		of voting members of the governing body (P		 \		3	0
ě	4 1		of independent voting members of the gover		D)		4	1
<u> </u>	5 1		iber of individuals employed in calendar year	ir 2016 (Part V, line 2a)			5	200
Ā			ber of volunteers (estimate if necessary)	(0) 1 10			6	0
	i i		elated business revenue from Part VIII, colu	* **			7a	0
	+ <u> </u>	vet unrei	ated business taxable income from Form 99	10-1, line 34		Prior Ye	7b	Current Year
	. 8 0	Contribut	ons and grants (Part VIII, line 1h)				2,756	42,986
	9 6		service revenue (Part VIII, line 2g)		0			
ğ	10	_	nt income (Part VIII, column (A), lines 3, 4,	150	155			
å	11 (enue (Part VIII, column (A), lines 5, 6d, 8c,	•		2	1,386	207
			enue – add lines 8 through 11 (must equal F		12)		4,292	43,348
_			nd similar amounts paid (Part IX, column (A)		<u>'E/ </u>	 	-/	0
			paid to or for members (Part IX, column (A),					0
ි ට.	15 5	•	other compensation, employee benefits (Pa	•	–1 0\	3	0,397	23,190
2018 0107	1625	•	nal fundraising fees (Part IX, column (A), lin	• • •	10)		<u> </u>	0
	, 10a		fraising expenses (Part IX, column (D), line		0	14 A 4 2 A 4 2	基準電影	
	17						5,121	16,290
	19 7	Catal ava	penses (Part IX, column (A), lines 11a–11d, enses Add lines 13–17 (must equal Part IX less expenses Subtract line 18 from line 12	column (81 thre-25)			5,518	39,480
. [10 5	Sevenile	less eveneses. Subtract line 18 from line 1	RECE	IVED		8,774	3,868
- °	8	tevenue	less expenses odbitact line to nonvinte 12		7()	Beginning of Cu		End of Year
ets	20 T 20 T 21 7 22 N	Total ass	ets (Part X, line 16)	1 YAM 88	4 2018	75	1,504	804,045
Ass	21 7	Total liab	lities (Part X, line 26)	[8]	" 2010 K		835	49,508
Set	된 22 N		s or fund balances Subtract line 21 from lin	e 20		75	0,669	754,537
1	Part II*		gnature Block	OGDE	NHI			
			erjury, I declare that I have examined this return,	including accompanying so	hedules and stateme	ents, and to the best o	f my knowle	dge and belief, it is
	true, corre	ct, and co	mplete Declaration of preparer (other than office	r) is based on all informatio	n of which preparer h	as any knowledge		<i>i</i> 1
			XVISIN HURTON	Ce 14			.5	17-12018
S	ign	S	ignature of officer		<u> </u>		Date	
	ere		ROBIN HARTMANN		EXE(CUTIVE DIE	RECTOR	<u> </u>
		7	ype or print name and title					
_		Print/Type	preparer's name	Preparer's signature		Date	Check	X of PTIN
Pa	aid	ROBIN	R OLDS	ROBIN R OLDS		05/06	/18 self-em	<u> </u>
Pr	eparer	Firm's nai	ne R OLDS INC				ım's EIN	81-2539355
U	se Only		437 ARVILLA CT					
		Firm's ad	OTTOURDED TAY OR	97479-9874			Phone no	541-315-2085
M	ay the IRS		s this return with the preparer shown above	? (see instructions)				X Yes No
		ork Redu	ction Act Notice, see the separate instructions	3.		a 2	7	7 Form 990 (2016)
DA	~					(// //	. L	* / * I

	UMPQUA VALLEY			93-1197967		Page 2
	tatement of Progran		-	Alto Bourto		
1 Briefly described BUILDING	be the organization's mission in PARTNERS	ion	se or note to any line in		ESIRE TO O	NN THEIR
OWN HOME	3.					
prior Form 99	nization undertake any sigr 90 or 990-EZ? cribe these new services o		ces dunng the year which we	ere not listed on the		Yes X No
			nanges in how it conducts, a	ny program		Yes X No
4 Describe the expenses Se		rvice accomplishmen)(4) organizations are	ts for each of its three larges required to report the amount roice reported.	=		
4a (Code.) (Expenses \$	12,206	including grants of \$ N IN PROGRESS.) (Revenue \$)
4b (Code: -	·) (Expenses \$ -		including grants of \$) (Revenue \$	
(-11-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	<i>'</i>
As (Oada)	VE-manus B	····		····) (Revenue \$	
4c (Code:) (Expenses \$		including grants of \$) (Revenue \$,
		<u> </u>				
4d Other progra (Expenses	im services (Describe in So «		of \$) (Revenue \$)
	m service expenses >	including grants 12	206) liveseine &		
AA		==1		 		Form 990 (2016

Form 990 (2016) UMPQUA VALLEY HABITAT FOR HUMANITY 93-1197967

21575 05/06/	2018 1,27 PM
ハイノド	
	11 //
$F \setminus \{1, 2, 3\}$	\mathcal{L}
	Page 3

Part IV	Checklist of Required Schedules	

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	Ì	i	
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	}		i
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
U	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1,387.2	di Da	3.
1		13.14		10.3,8 ¹
_	VII, VIII, IX, or X as applicable			مستحا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	x	
	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	441		•
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C-	- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more]	_	. 37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			İ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	ļ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	}
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			İ
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1	1	ł
	fundraising, business, investment, and program service activities outside the United States, or aggregate		,	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ĺ	[[
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	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		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	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	[X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		[ſ
-	If "Yes," complete Schedule G, Part III	19]	X
			000	

20-	Did the executation provide and as many beautilification 2 if "Vee " complete Schodule II	200	Yes	No X
zua b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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		x
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	}	ļ	1
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	j		l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	İ	1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
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?	İ		
	If "Yes," complete Schedule L, Part I	25b	 -	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ĺ	1	1
	current or former officers, directors, trustees, key employees, highest compensated employees, or	j		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	├	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	}	l	l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1072	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	- X.*	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	┼──	1
b	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	205	 	<u></u> -
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	+	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		†	
	conservation contributions? If "Yes," complete Schedule M	30	ł	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31	1	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	,		
	complete Schedule N, Part II	32	}	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		
	or IV, and Part V, line 1	34	1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u>↓</u>	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Ì		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	₩-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			₩
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

	990 (2016) UMPQUA VALLEY HABITAT FOR HUMANITY 93-1197	967		Pa	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				-
	Check if Schedule O contains a response or note to any line in this Part V				
		١٥		Yes	No_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 3	7.		
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	1 : 1	(S.)	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			-	لــــــــــــــــــــــــــــــــــــــ
_	reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_ -	1.5		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1	77.4	7 10	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	,··.,
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1 20		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a 3b		<u>~</u>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	ort.	30	-+	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1 1	1	
	account)?	lai	4a	1	X
b	If "Yes," enter the name of the foreign country		F. 77	- A->-	7.54 40-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unte	. To		-
	(FBAR)			√ - √	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		$\overline{\mathbf{x}}$
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as chantable contributions?		6a	ĺ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			, , ,	'
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls	£ 12 1	1	
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	1	Ì	
	required to file Form 8282?	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	200		ئىۋ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h	N R - 200-2	ক্রেন্ড
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the	1,0	2 (1) (1) (1) (1) (1) (1) (1)	
	sponsoring organization have excess business holdings at any time during the year?		8	Rik , Sung	X
9	Sponsoring organizations maintaining donor advised funds.		2.33	187 G	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	GB 32	X
10	Section 501(c)(7) organizations. Enter.		12.3	100	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		* **3***	3 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			-3.
11	Section 501(c)(12) organizations. Enter	44-1	100		
а	Gross income from members or shareholders	11a	- Page 1	5 4	ť.
b	Gross income from other sources (Do not net amounts due or paid to other sources	445			* -
40-	against amounts due or received from them)	11b	+	45. 3	لنئ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	12b	12a	;	
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IEN	-	-	٠ ا
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O		100	253	Ţ
b	Enter the amount of reserves the organization is required to maintain by the states in which		Year.		a Pari
J	the organization is licensed to issue qualified health plans	13b	£ 7.5	المُ الله الم	1
С	Enter the amount of reserves on hand	13c	1 (6)	1	A 🚉
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u></u>	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
DAA			For	m 990	(2016)

Form 990 (2016) UMPQUA VALLEY HABITAT FOR HUMANITY 93-1197967 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" √esponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X 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 0 Enter the number of voting members included in line 1a, above, who are independent 1b b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 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? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 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 X 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a il. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 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 15b 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? 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? Section C. Disclosure OR 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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

1721 SE MAIN ST

Form **990** (2016)

541-672-6182

OR 97470

ROBIN HARTMANN

ROSEBURG

Form 990 (201	16) UMPQUA VALLEY HABITAT FOR HUMANITY 93-1197967	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors	oyees, and
	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 organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the tax year.	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of Enter -0- in columns (D), (E), and (F) if no compensation was paid	

- List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for	bo of	x, unle	Pos check ass pe nd a d	(C) Position eck more than one s person is both at a director/trustee			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV 2 1330 IIII00)	organization and related organizations	
(1) ROBIN HARTMANN	,								· · · · · · · · · · · · · · · · · · ·		
1	20.00	1			ĺ	1 1			_ 1		
EXECUTIVE DIRECTOR	0.00	L		X	ļ			23,330	0		
(2) ARTHUR CHAPUT					Ì						
	10.00	l							_	-	
DIRECTOR	0.00	<u> </u>	<u> </u>	X	<u> </u>			0	0		
(3) ROBIN OLDS		l	ŀ								
	5.00	İ			ļ	1 1					
TREASURER	0.00		_	X				0	0	 	
(4) CONNIE JOHNSTON											
	10.00	1	Ì								
BECRETARY	0.00			X		L 1		0	0		
(5) CHERI PAGE						Π					
	15.00	ŀ	ļ]	}						
PRESIDENT	0.00			X				0	0		
(6) JUDY ZERBACH											
	10.00		ļ								
/ICE PRESIDENT	0.00	1	1	X	ł	} }		0	0		
(7)											
(8)			_								
(9)		<u> </u>					-				
10)											
11)											

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

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

DAA

Form 990 (2016)

0

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue Total revenue Unrelated exempt function business excluded from tax under sections 512-514 Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 42,986 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, 155 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (ii) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) 2,000 See Part IV. line 18 4,443 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 2,000 2,000 11a FUNDRAISING - LEGION FIELD 650 650 b SALE OF DONATED ITEMS C All other revenue 2,650 数とは、対対はは Total. Add lines 11a-11d 2,805 Total revenue. See instructions 43,348

Page 10

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

	Check if Schedule O contains a respo				(0)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	i ,			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		· · · · · · · · · · · · · · · · · · ·		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	·			
4	Benefits paid to or for members	<u> </u>			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,980		20,980	
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)	···			
9	Other employee benefits	0.010		0.010	
10	Payroll taxes	2,210		2,210	
11	Fees for services (non-employees)				
a	Management	0.001		0 001	
b	Legal	2,081		2,081	
C	Accounting	2,003		2,003	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
Ţ	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				-
40	(A) amount, list line 11g expenses on Schedule ()				
12	Advertising and promotion	695	695		
13	Office expenses	693	093		<u> </u>
14	Information technology				
15	Royalties	1,821	1,821		
16	Occupancy Travel	1,021	1,021	<u> </u>	
17 18				 	
10	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	751	751	<u> </u>	
19 20	Interest	731	754		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<u> </u>			
23	Insurance	1,893	1,893		
24	Other expenses Itemize expenses not covered		K. W. Carlotte Charles	Market of the	THE MENT WATER
2-4	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)	er en en en en en en en			
а	COST ABSORBED BY AFFILIAT	2,982	2,982	34,34	
b	HABITAT FOR HUMANITY INT'	1,982	1,982		
c	DUES & SUBSCRIPTIONS	1,077	1,077		
d	TELEPHONE / FAX	520	520		
e	All other expenses	485	485		
25	Total functional expenses. Add lines 1 through 24e	39,480	12,206		0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2018)

Form 990 (2016) UMPQUA VALLEY HABITAT FOR HUMANITY 93-1197967

Page **11**

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash-non-interest bearing 55,596 1 25,615 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Assets 556,767 642,025 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 550 other basis Complete Part VI of Schedule D 10a 550 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 12 12 Investments-other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 139,141 136,405 15 Other assets See Part IV, line 11 15 751,504 804,045 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 -Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities 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 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 835 49,508 of Schedule D 26 Total liabilities. Add lines 17 through 25 835 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 750,669 754,537 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 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 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 750,669 754,537 33 33 Total net assets or fund balances 804,045 751,504 Total liabilities and net assets/fund balances

Form 990 (2016)

Form	990 (2016) UMPQUA VALLEY HABITAT FOR HUMANITY 93-1197967			Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	39,480
3	Revenue less expenses. Subtract line 2 from line 1	3		3,868
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75	<u>50,669</u>
5	Net unrealized gains (losses) on investments	5_	<u> </u>	
6	Donated services and use of facilities	6		
7	Investment expenses	7	<u> </u>	
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		j	
	33, column (B))	10	75	<u>54,537</u>
Pa	市家川 Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			《公司》
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		35.00	
þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1	
	separate basis, consolidated basis, or both			發出新日
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		l j	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	_		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the]
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
			For	m 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

Name of the organization

*Open to Public ▶ 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. Employer identification number

			UMPQUA VALLE	Y HABITAT FOR HU	MANI'	ry	93-119	7967	
P	art d	Reas	on for Public Charity	Status (All organizations I	must co	mplete t	his part.) See instructions	5	
he	orga			it is: (For lines 1 through 12, che					
1	Ň		· ·	ociation of churches described in	•	•	A)(i).		
2				A)(ii). (Attach Schedule E (Form 9					
3	\sqcap	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,							
•	LJ	city, and state							
5	\Box								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
	\Box		b)(1)(A)(iv). (Complete Part I	·	tion 470/	L\/4\/ A\/	۸.		
6	H	-		overnmental unit described in sec	•		•		
7		-	on that normally receives a si section 170(b)(1)(A)(vi). (Co	substantial part of its support from	a governi	nentai un	it or from the general public		
8				70(b)(1)(A)(vi). (Complete Part II	`				
						·	ation with a land great callogs		
9	ll	_		cribed in section 170(b)(1)(A)(ix)					
		university	or a non-land grant conege or	f agnculture (see instructions) Er	ner me na	me, city, a	and state of the conege of		
10	X	•	on that narmally receives (1)) more than 33 1/3% of its suppor	d from 000		membership foce and gross		
10	4	-	• • • • • • • • • • • • • • • • • • • •	pt functions—subject to certain e					
		•	•	d unrelated business taxable inco					
			~), 1975 See section 509(a)(2). (-				
11		An organization	on organized and operated ex	exclusively to test for public safety	See sec	tion 509(a	a)(4).		
12				exclusively for the benefit of, to pe					
	_	•	•	ations described in section 509(a					
		Check the bo	x in lines 12a through 12d tha	at describes the type of supporting	g organiza	ation and	complete lines 12e, 12f, and 12g	9	
	а	Type I. A	supporting organization oper	erated, supervised, or controlled b	y its supp	orted orga	inization(s), typically by giving		
		the suppo	orted organization(s) the pow	er to regularly appoint or elect a	majority of	the direct	tors or trustees of the		
		supportin	ig organization You must co	omplete Part IV, Sections A and	d B.	-			
	b	Type II.	A supporting organization sup	pervised or controlled in connection	on with its	supported	d organization(s), by having		
		control or	r management of the supporti	ting organization vested in the sai	me persor	s that cor	ntrol or manage the supported		
		organizat	tion(s) You must complete	Part IV, Sections A and C.					
	C			upporting organization operated i					
				tructions) You must complete F					
	d	_ ••	• •	A supporting organization opera)	
			• •	organization generally must satis	-	-			
			•	nust complete Part IV, Sections					
	е			eived a written determination from i-functionally integrated supporting			Type I, Type II, Type III		
	f		nber of supported organization		y organiza	ILIQII			
			ollowing information about the					L	
	g				(ha) lo tho s		(a) A	full American of	
,		ne of supported ganization	(ii) EiN	(III) Type of organization (described on lines 1~10	(iv) is the o	r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
		5 4]	above (see instructions))		nent?	instructions)	instructions)	
					Yes	No			
(A)									
•]						
(B)					† <u> </u>				
ι-,			1		1				
(C)				<u> </u>	<u> </u>		<u> </u>		
(0)					[
/D)			 	 	 	ļ			
(D)									
(E)			 		 				
(E)					}				
				Seeder Corner " Let Broken Vision India 1900 and	Wal Black to	CARLET W			
ota	. 1				200	198	'		
TAT:	• •		a to the same of t	- 1994、アンカタ、王が神道とといったと、これにし、境が発表に依然は最後には	はい カフラアよう こっとんだい	St. 15 5 53 146 5			

			Y HABITAT			-1197967	Page 2 /
Pa	irti						
	(Complete only if you chec						y under
	Part III. If the organization	fails to qualify	under the tests	listed below, p	lease complete	e Part III.)	
	tion A. Public Support	Y	,				
Calen	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			120011	1 10000	4.3.0040	
Calen	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Amounts from line 4 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 -	loss from the sale of capital assets (Explain in Part VI)		lov.	(-b) - s(-2) - sin // - berg			
11	Total support. Add lines 7 through 10	15-1-10-11-11-11-1	在外级设施 工	Extended to	Beats III is	# State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12	Gross receipts from related activities, etc (12	l
13	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	
~	organization, check this box and stop here					·. ·. · · ·	
	tion C. Computation of Public Su			<u> </u>	 -		
14	Public support percentage for 2016 (line 6,		=	(f))		14	%
15	Public support percentage from 2015 Sche				4,004	_15_	<u>%</u>
16a	33 1/3% support test—2016. If the organi				1/3% or more, che	CK this	. ┌
	box and stop here. The organization qualif	· · · · · ·			00 4/00/	ab a al-	
b	33 1/3% support test—2015. If the organi				IS 33 1/3% of more	, cneck	. □
47-	this box and stop here. The organization q	· ·	• • • •		and the and time to	4 10	
1/a	a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—201	5. If the organization	on did not check a t	oox on line 13, 16a	, 16b, or 17a, and l	ine	· L.
H	15 is 10% or more, and if the organization r	_					
	Explain in Part VI how the organization mee supported organization					ely	>
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						>

93-1197967

Page 3

Part III : Support Schedule for Organizations Described in Section 509(a)(Part III	Support Sci	hedule for Ora	anizations Desc	cribed in Section	on 509(a)(2
--	----------	-------------	----------------	-----------------	-------------------	-------------

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	·	 				
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received (Do not include any "unusual grants")	47,208	63,971	62,952	62,756	42,986	279,873
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		16,229	22,232	24,633	2,000	65,094
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2,889	437	4,380		650	8,356
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	50,097	80,637	89,564	87,389	45,636	353,323
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						
C	Add lines 7a and 7b	V	16 10 10 10 10 10 10 10 10 10 10 10 10 10	ar service to another service	1 4534 +344 -334 -331	38504 0005 ANS 200 44.	
8	Public support. (Subtract line 7c from						
	line 6)	All Call Street				And the second second	353,323
	tion B. Total Support	r		7.22.			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	50,097	80,637	89,564	87,389	45,636	353,323
10ā	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	275	125	65	150	155	770
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	275	125	65	150	155	770
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	1,000	1,800	1,500	1,000	1,000	6,300
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,	54 550	00 500	01 100	00 530	46 701	260 202
	and 12)	51,372	82,562				360,393
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	secona, mira, ioan	ii, or iiiti tax year a	s a section 50 (c)(<u> </u>
<u>Sec</u>	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2016 (line 8,	column (f) dıvıded l	by line 13, column	(f))		15	98.04%
16	Public support percentage from 2015 Sche					16	97.14%
<u>Sec</u>	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2016 (lin	ne 10c, column (f) o	livided by line 13, c	olumn (f))		17	%_
18	Investment income percentage from 2015	-				18	<u>%</u>
19a	33 1/3% support tests—2016. If the organ						, v
b	17 is not more than 33 1/3%, check this bo. 33 1/3% support tests—2015. If the organ	·-	_				×
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did	s box and stop her	e. The organizatior	qualifies as a publ	licly supported orga	nization	▶ □ ▶ □
			.,				

Schedule A (Form 990 or 990-EZ) 2016

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3а (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 12a or 12b in Part I, answer (b) and (c) below
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- С 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)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

						
	Yes	No				
153		13. A				
17	A. 1944					
1						
1788° - 5	12 CVP 7 T	7 + #				
10.3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
74.74		. 21				
2						
\$ 15 mgs	ক্লুম্বর বি					
	* * *					
3a						
14 . 5		200				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VER SE					
<u>3b</u>	C Park Car	a training				
		क्षा समृद्धाः । हार्				
3c						
324		4 1 1 - ·				
	1. 555-1.5					
4a		w				
: 83	1823	100				
		成于Age 文、故之				
1	100	PARTY.				
4b						
	22'r . 24's	1.18 m				
		1000				
25						
	To all					
Con Fr	第 字母\$7	774				
4c	i					
	Siller Color) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
		5				
	5 is on	\$ 100°				
	100mm					
انه انه انتخاب	33 X 178 1					
	10.7	ئے۔				
5a	l	,				
		7.5				
7	1-20					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-1-23					
7	1-414					
5b 5c						
5b 5c						
5b 5c	100 Jan 18					
5b 5c	100 Jan 18					
5b 5c	100 Jan 18					
5b 5c						
5b 5c						
5b 5c						
5b 5c 6						
5b 5c 6						
5b 5c 6						
5b 5c						
5b 5c 6						
5b 5c 6						
5b 5c 6						
5b 5c 6						
5b 5c 6						
5b 5c 6 7						
5b 5c 6 7						
5b 5c 6 7						
5b 5c 6 7 8						
5b 5c 6 7 7 8						
5b 5c 6 7 8						
5b 5c 6 7 7 8 8						
5b 5c 6 7 8						
5b 5c 6 7 7 8 8						
5b 5c 6 7 7 8 8						
5b 5c 6 7 7 8 8						
5b 5c 6 7 8 8 9a 9b						
5b 5c 6 7 8 8 9b						
5b 5c 6 7 8 9a 9b						
5b 5c 6 7 8 8 9a 9b						

	ule A (Form 990 or 990-EZ) 2016 UMPQUA VALLEY HABITAT FOR HUMANITY 93-11979	67	-	Page 5
Par	t IV Supporting Organizations (continued)			T
			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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1
Secti	ton b. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	11.2	163	110
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		47	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1, 27		,
	controlled the organization's activities of the organization had more than one supported organization,	1. 1		ŀ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	٠٠, ٠ <u>٠,</u>		, ,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		196	\$2. ('A)
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	134		200
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	- 1 × 1		12/2 ·
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	9 3 /4	Y W.	(4) (4) (4)
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			90 (12) 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	海 粉.泵	1000
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	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	1 to 1	F 1/2	30
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	感鬼法	1	1 2
	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	1	25 m 25 m	
	significant voice in the organization's investment policies and in directing the use of the organization's		# 74°	\$
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	沙学	H. Carl	5 , m 1 1 -
	supported organizations played in this regard	3	Ĺ	<u>L</u> .
Sect	ion 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 instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ns)		
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	1, 24.1		1. 1 4
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1. 1	(1) E	1.
	those supported organizations and explain how these activities directly furthered their exempt purposes,		30.2	
	how the organization was responsive to those supported organizations, and how the organization determined		が成立を	
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		, , , , , , , , , , , , , , , , , , ,	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		S. Carlo	
	reasons for the organization's position that its supported organization(s) would have engaged in these			F
	activities but for the organization's involvement	<u>2b</u>	N.S	377 -
3	Parent of Supported Organizations Answer (a) and (b) below.	No.		1885. V.S
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 16	- Vyen r	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1/4		ļ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	i .	1

Schedule A (Form 990 or 990-EZ) 2016 UMPQUA VALLEY HABITA	T FOR HUMAN	ITY 93-1197	967 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organizati	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on Nov 20, 197	0 (explain in Part VI).See	
instructions. All other Type III non-functionally integrated supporting orga	nizations must complet	e Sections A through E	
Section A - Adjusted Net Income	i	(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	ي الإسلامي . الإي الأسلام الإي الإي الإي الإي الإي الإي الإي الإي	The state of the s	
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	7 (-e32)		美国教育会主席个 是一个
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount	,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	CONTRACTOR OF COLUMN STORY	
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		NAME OF PARTY	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly integrated Type III si		
instructions).		· ·	

	e A (Form 990 or 990-EZ) 2016 UMPQUA VALLEY HABI			967 Page 7
Pari	₩ Type III Non-Functionally Integrated 509(a)(3) St	upporting Organizati	ons (continued)	·····
Secti	on D - Distributions	· · · · · · · · · · · · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	3		
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6.	 		
8	Distributions to attentive supported organizations to which the organizatio	n is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6		 	
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		SPEC THE EXPENSION SEE SHEET VICES OF	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		ALABERT MARRIE - MARRIE	300-300-300-300-3000-3000-300-50-50-50-50-50-50-50-50-50-50-50-50-5
_	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
	Excess distributions carryone, in any, to 2010			
<u>u</u>		1 Sept 2017 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e	Partition of the second		
	Applied to underdistributions of prior years		ANN ANDREA VERSON 1970-198 CANDEN A TAKEN NO	
	Applied to 2016 distributable amount			Marie Marie Andrews Control of the C
	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	THE STATE OF THE PROPERTY OF T		
4	Distributions for 2016 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount		t. 38 MAP & DOC	
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			建设
	Excess from 2016	A THE PROPERTY.	MARKET AND STREET	建筑建筑

Schedule A (Form 990 or 990-EZ) 2016

UMPQUA VALLEY HABITAT FOR HUMANITY

93-1197967

Page 8

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2016

Employer Identification number

Open to Public Openio

U	MPQUA	VALLEY HABITAT FOR HUMANITY	93-	-11979	67
Pa	rtil'	Organizations Maintaining Donor Advised Funds or Other		nts.	
		Complete if the organization answered "Yes" on Form 990, Par	t IV, line 6.		
		(a) Do	nor advised funds	(b) Funds ar	nd other accounts
1	Total nun	ber at end of year			
2	Aggregat	e value of contributions to (during year)			
3	-	e value of grants from (during year)			
4		e value at end of year			
5		ganization inform all donors and donor advisors in writing that the assets held in	donor advised		
		the organization's property, subject to the organization's exclusive legal control?			Yes No
6		ganization inform all grantees, donors, and donor advisors in writing that grant fu			
		nantable purposes and not for the benefit of the donor or donor advisor, or for an			
	•	impermissible private benefit?	,		Yes No
Pa	rt'll	Conservation Easements.			
	لنستند	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply)			
		·	ation of a historically important la	nd area	
	\equiv	· · · · · · · · · · · · · · · · · · ·	ation of a certified historic structu		
	i 	ervation of open space			
2		lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation		
		t on the last day of the tax year	<u> </u>	Held at 1	the End of the Tax Year
а		ber of conservation easements		2a	
b		eage restricted by conservation easements	-	2b	
C		of conservation easements on a certified historic structure included in (a)	<u> </u>	2c	·
d		of conservation easements included in (c) acquired after 8/17/06, and not on a			
		ructure listed in the National Register	1 :	2d	
3		of conservation easements modified, transferred, released, extinguished, or term	•		
ŭ	tax year l		mated by the organization daring	WIC .	
4	•	of states where property subject to conservation easement is located >			
5		organization have a written policy regarding the periodic monitoring, inspection,	handling of		
•		, and enforcement of the conservation easements it holds?	mandang of		Yes No
6		volunteer hours devoted to monitoring, inspecting, handling of violations, and en	forcing conservation easements	dunna the v	
v		volunteer round devoted to morntoling, inspecting, manding of violations, and en	for only contact valion casements	during the y	Cui
7	Amount o	f expenses incurred in monitoring, inspecting, handling of violations, and enforci	na conservation easements durin	na the vear	
•	▶ \$	responses mounted in monitoring, inspecting, harding of violations, and emotor	ng conscitation easements dam	ig the year	
8		h conservation easement reported on line 2(d) above satisfy the requirements of	f section 170(h)(4)(R)(i)		
Ū		on 170(h)(4)(B)(ii)?	1 Section 17 0(11)(4)(B)(1)		Yes No
9		II, describe how the organization reports conservation easements in its revenue	and evnense statement, and		
•		heet, and include, if applicable, the text of the footnote to the organization's finar		ıe	
		ion's accounting for conservation easements		-	
Pa	urt/III	Organizations Maintaining Collections of Art, Historical Tre	easures, or Other Simila	r Assets.	
ــــــــــــــــــــــــــــــــــــــ	2222	Complete if the organization answered "Yes" on Form 990, Par			
	If the ora	anization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	venue statement and balance sh	eet	
	_	art, historical treasures, or other similar assets held for public exhibition, education		•••	
		vice, provide, in Part XIII, the text of the footnote to its financial statements that			
ь	•	anization elected, as permitted under SFAS 116 (ASC 958), to report in its reveni			
_	•	art, historical treasures, or other similar assets held for public exhibition, education			
		vice, provide the following amounts relating to these items	,		
	•	nue included on Form 990, Part VIII, line 1		▶ \$	
	• •	ts included in Form 990, Part X		▶ \$	
2	• •	anization received or held works of art, historical treasures, or other similar asset	s for financial dain, provide the	- W	
_	_	amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	* '		
_	-		onio -	• •	
d		included on Form 990, Part VIII, line 1		• • •	

		ALLEY HABIT	AT FOR	HUMANIT	Y 93-	1197967			Page 2
Pa	irt III Organizations Maintainin	g Collections of	Art, Histor	rical Treasu	res, or Oth	er Similar A	ssets	(continue	d)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other records,	check any of	the following that	at are a signific	ant use of its	_		
а	Public exhibition	d 🗌	Loan or excha	ange programs					
b	Scholarty research	e 🗍	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	now they furthe	er the organizat	on's exempt p	urpose in Part			
	XIII.	·	•	-					
5	During the year, did the organization solicit of	r receive donations of	art, historical f	treasures, or otl	ner similar				
	assets to be sold to raise funds rather than to	o be maintained as pai	rt of the organ	zation's collecti	on?			Yes	No.
:Pa	ift N Escrow and Custodial Ar	rangements.							
	Complete if the organization	n answered "Yes'	on Form 9	90, Part IV,	line 9, or re	ported an an	nount c	on Form	
	990, Part X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contribu	tions or other as	ssets not				
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table						
							 	Amount	
C	Beginning balance					<u>1c</u>	_		
d	Additions during the year					<u>1d</u>	↓		
е	Distributions during the year					<u>1e</u>	<u> </u>		
f	Ending balance					_ <u>1f</u>	<u> </u>		
	Did the organization include an amount on F							Yes	No No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has b	een provided o	n Part XIII				
Pa	Endowment Funds.			000 D-4 N/	line 40				
	Complete if the organizatio					T2		T	
		(a) Current year	(b) Pnor	year (c	Two years back	(d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance							 -	
D	Contributions		 					 	
С	Net investment earnings, gains, and		<u> </u>						
	losses		 					┼	
- a	Grants or scholarships Other expenditures for facilities and								
е	· '							1	
•	programs Administrative expenses		<u> </u>					 	
'	End of year balance							+	
2	Provide the estimated percentage of the curr	rent year end halance	(line to colum	on (a)) held as	·	-			
	Board designated or quasi-endowment	%	(mic 1g, colui	iii (u)) iicia us					
b									
c		%							
_	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		on that are he	ld and administ	ered for the				
	organization by.	J							Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organize	ations listed as require	d on Schedule	€ R?				3b	
4	Describe in Part XIII the intended uses of the	e organization's endow	ment funds						
Pa	ert VI Land, Buildings, and Equ	ıipment.							_
	Complete if the organization	n answered "Yes'	on Form 9	90, Part IV,	line 11a S	ee Form 990	Part >	, line 10.	
	Description of property	(a) Cost or other I	Dasis	(b) Cost or other bas	sis	(c) Accumulated		(d) Book v	alue
		(investment)		(other)		depreciation			
1a	Land				43.56				
b	Buildings								
C	Leasehold improvements								
d	Equipment				550	55	50		
	Other								
Tota	 Add lines 1a through 1e (Column (d) must e 	equal Form 990.Part 🕽	 column (B). 	line 10c)			▶l		

Part VIII		SITAT FOR		93-1197967	Page 3
	Investments—Other Securities.	(1) F 6	00 D-41V I	441 O Francisco Desi	1. W. P 40
	Complete if the organization answered "Y	es" on Form 9			
	(a) Description of security or category (including name of security)	į	(b) Book value	(c) Method of va Cost or end-of-year m	
(1) Financial de				Oddi di dila di yaar ii	ATACL VALGO
• •	I equity interests	 			
(3) Other	requity interests	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(A)		 		***************************************	
(B)					
(C)					· · · · · · · · · · · · · · · · · · ·
(D)			······································		· · · · · · · · · · · · · · · · · · ·
(E)			· · · · · · · · · · · · · · · · · · ·		
(F)					
(G)					
(H)		 			
•	(b) must equal Form 990, Part X, col. (B) line 12)▶				
Part VIII	Investments—Program Related.			Target, and the sign of process and the same of the sa	11000
	Complete if the organization answered "Y	es" on Form 9	90, Part IV, line	11c. See Form 990, Part	t X. line 13.
	(a) Description of investment	1	(b) Book value	(c) Method of va	
				Cost or end-of-year n	narket value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13) ▶				CANAGO PARA
Part IX	Other Assets.		-		
	Other Assets. Complete if the organization answered "Y	es" on Form 9	90, Part IV, line	11d. See Form 990, Par	t X, line 15.
- RangiXesi -	Complete if the organization answered "Y	nption	90, Part IV, line	11d. See Form 990, Par	(b) Book value
(1)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (90, Part IV, line	11d. See Form 990, Par	(b) Book value 88,100
(1) (2)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (1) HOUSE #13 - CIP	nption	90, Part IV, line	e 11d. See Form 990, Par	(b) Book value 88,100 45,74
(1) (2) (3)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (nption	90, Part IV, line	11d. See Form 990, Par	(b) Book value 88,100 45,74
(1) (2) (3) (4)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (1) HOUSE #13 - CIP	nption	90, Part IV, line	11d. See Form 990, Par	(b) Book value 88,100 45,74
(1) (2) (3) (4) (5)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (1) HOUSE #13 - CIP	nption	90, Part IV, line	11d. See Form 990, Par	(b) Book value 88,100 45,74
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (1) HOUSE #13 - CIP	nption	90, Part IV, line	11d. See Form 990, Par	(b) Book value 88,100 45,74
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (1) HOUSE #13 - CIP	nption	90, Part IV, line	11d. See Form 990, Par	(b) Book value 88,100 45,74
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (1) HOUSE #13 - CIP	nption	90, Part IV, line	11d. See Form 990, Par	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Y (a) Desc (a) Desc (b) HOUSE #11 & #12 - (1) (c) HOUSE #13 - CIP (c) PATTERSON CONDO	nption	90, Part IV, line		(b) Book value 88,100 45,74 2,558
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answered "Y (a) Description answered "Y (a) Description answered "Y (a) Description answered "Y (a) Description answered "Y (b) PATTERSON CONDO (b) must equal Form 990, Part X, col (B) line 15.)	nption	90, Part IV, line	11d. See Form 990, Par	(b) Book value 88,100 45,74
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Y (a) Desc HOUSE #11 & #12 - (I) HOUSE #13 - CIP PATTERSON CONDO (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities.	nption CIP		•	(b) Book value 88,100 45,74 2,556 136,40
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answered "Y (a) Description and the second of the second	nption CIP	990, Part IV, line	•	(b) Book value 88,100 45,74 2,556 136,40
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Complete if the organization answered "Y (a) Description HOUSE #11 & #12 - (IP) HOUSE #13 - CIP PATTERSON CONDO (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y	nption CIP		•	(b) Book value 88,100 45,74 2,556 136,40
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Y (a) Description of fiability (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of fiability (come taxes	nption CIP	990, Part IV, line	•	(b) Book value 88,100 45,74 2,556 136,40
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Y (a) Description answered "Y (a) Description answered "Y (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability come taxes DE COMMUNITY CU	nption CIP	90, Part IV, line (b) Book value	•	(b) Book value 88,100 45,74 2,556 136,40
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Y (a) Description of fiability (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of fiability (come taxes	nption CIP	990, Part IV, line	•	(b) Book value 88,100 45,74 2,556 136,40
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal II (2) CASCAI (3) CREDIT (4)	Complete if the organization answered "Y (a) Description answered "Y (a) Description answered "Y (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability come taxes DE COMMUNITY CU	nption CIP	90, Part IV, line (b) Book value	•	(b) Book value 88,100 45,74 2,556 136,40
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal II (2) CASCAI (3) CREDI (4) (5)	Complete if the organization answered "Y (a) Description answered "Y (a) Description answered "Y (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability come taxes DE COMMUNITY CU	nption CIP	90, Part IV, line (b) Book value	•	(b) Book value 88,100 45,74 2,556
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) CASCAI (3) CREDI (4) (5) (6)	Complete if the organization answered "Y (a) Description answered "Y (a) Description answered "Y (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability come taxes DE COMMUNITY CU	nption CIP	90, Part IV, line (b) Book value	•	(b) Book value 88,100 45,74 2,556
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal II (2) CASCAI (3) CREDI (4) (5) (6) (7)	Complete if the organization answered "Y (a) Description answered "Y (a) Description answered "Y (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability come taxes DE COMMUNITY CU	nption CIP	90, Part IV, line (b) Book value	•	(b) Book value 88,100 45,74 2,558 136,40!
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal II (2) CASCAI (3) CREDI (4) (5) (6) (7) (8)	Complete if the organization answered "Y (a) Description answered "Y (a) Description answered "Y (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability come taxes DE COMMUNITY CU	nption CIP	90, Part IV, line (b) Book value	•	(b) Book value 88,100 45,74 2,558 136,40!
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (2) (3) CREDI (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Y (a) Description answered "Y (a) Description answered "Y (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability come taxes DE COMMUNITY CU	nption CIP	90, Part IV, line (b) Book value	e 11e or 11f. See Form 99	(b) Book value 88,100 45,74 2,558 136,40!

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

DAA

Sched	ule D (Form 990) 2016 UMPQUA VALLEY HABITAT FOR HU	MANITY	93-1197967	Page 4
Pai	Reconciliation of Revenue per Audited Financial Statem	ents With R	levenue per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
Ь	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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		
b	Other (Describe in Part XIII)	4b	10	
C	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	<u> </u>
Pai	Reconciliation of Expenses per Audited Financial State			ı .
	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			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		_2e	
3	Subtract line 2e from line 1	r)	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	437	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Page 5

Schedule D (Form 990) 2016 UMPQUA VALLEY HABITAT FOR HUMANITY Parts XIII Supplemental Information (continued) 93-1197967

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Openito Public

Name of the organization

UMPQUA VALLEY HABITAT FOR HUMANITY 93-1197967

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC