Form

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.

2016
Open to Public Inspection

<u>A</u>	For the 2016 c	alendar year, or tax year beginning $07/01/16$, and ending $06/30/$	/17						
В	Check if applicable:	C Name of organization INDIAN RIVER COUNTY HABITAT		D Employer	dentification number				
	Address change	FOR HUMANITY, INC.		65 0	000000				
	Name change	Doing business as FOR HUMANITY, INC.	Room/suite	65-0	230079				
\equiv	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 4568 N. US HIGHWAY #1		562-9860					
\Box	Final return/	City or town, state or province, country, and ZIP or foreign postal code							
\sqcup	terminated	VERO BEACH FL 32967		G Gross rece	pts \$ 7,693,533				
	Amended return	F Name and address of principal officer:							
	Application pending	ANDREW R. BOWLER	H(a) Is this a gro	oup return for su	bordinates? Yes X No				
			H(b) Are all sub	ordinates inclu	ided? Yes No				
			If "No,	" attach a list. (see instructions)				
ī	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527							
J	Website: ► W	WW.IRCHABITAT.ORG	H(c) Group exe		▶ 8545				
ĸ	Form of organization:	X Corporation Trust Association Other ► L	Year of formation: 1	.990	M State of legal domicile: FL				
F	Part I Su	ımmary							
		scribe the organization's mission or most significant activities:							
به	SEEK	ING TO PUT GOD'S LOVE INTO ACTION, INDIAN RIVER HAI	BITAT FOR	HUMANIT	Υ				
anc	BRIN	GS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND	HOPE.						
Governance	* ********								
Š	2 Check th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25	% of its net asset	S. I I	4 =				
ಶ	3 Number	of voting members of the governing body (Part VI, line 1a)		23.000	15				
es		of independent voting members of the governing body (Part VI, line 1b)			15				
Activities &	5 Total nur	nber of individuals employed in calendar year 2016 (Part V, line 2a)			45				
Act	6 Total nur	nber of volunteers (estimate if necessary)			1300				
-		elated business revenue from Part VIII, column (C), line 12			0				
_	b Net unre	ated business taxable income from Form 990-T, line 34	Pulan Va	7b	Current Year				
		8 Contributions and grants (Part VIII, line 1h) Prior Year 1,709,32							
ne	8 Contribut	ions and grants (Part VIII, line 1h)	2 40	2,388	2,654,364 2,433,317				
Revenue	9 Program	service revenue (Part VIII, line 2g)		7,290	104,815				
Re	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,754	1,148,722				
		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,754	6,341,218				
_		MARIE NO. 100 P. C.	<u> </u>		0				
	I	nd similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4)			0				
	40 42		1.14	3,955	1,242,527				
xpenses	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 394,104			0				
eï	b Total fun	draining expenses (Part IX, column (D), line 25)							
Ĕ	17 Other ev	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	4.08	0,716	4,490,720				
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,671	5,733,247				
		less expenses. Subtract line 18 from line 12		8,083	607,971				
ŏ	s revende	and out of the state of the sta	Beginning of Cu	rrent Year	End of Year				
Net Assets or	20 Total ass	ets (Part X, line 16)		4,293	13,419,520				
Ass	21 Total liab	ilities (Part X, line 26)		2,028	2,889,284				
3	22 Net asse	ts or fund balances. Subtract line 21 from line 20	9,92	2,265	10,530,236				
F	Part II Si	gnature Block							
ι	Inder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of	of my knowle	dge and belief, it is				
tı	rue, correct, and co	omplete. Declaration of preparer (other than officer) is based on all information of which preparer ha	is any knowledge.						
		Andrew K. Bowlen							
Si	gn	Signaturé of officer		Date	4 4				
He	ere		IDENT		10-19-17				
_		Type or print name and title	A Pote	1	if PTIN				
Р.		pe preparer's name Preparer's signature	1 Date	Check	·				
Pa	22224	CK K. GRAHAM, CPA		9/17 self-en	27-1238921				
	eparer Firm's na			Firm's EIN	21-1230321				
US	e Only	2800 OCEAN DRIVE			772-231-6902				
-	Firm's a			Phone no.	Yes No				
-		s this return with the preparer shown above? (see instructions)			Form 990 (2016				

) (Revenue \$

DAA

(Expenses \$

4e Total program service expenses ▶

4d Other program services (Describe in Schedule O.)

including grants of \$

5,100,468

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," X 1 complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, X 5 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 X 6 "Yes." complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X 11c 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 X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ı
	organization's current and former officers, directors, trustees, key employees, and highest compensated		.	77
	employees? If "Yes," complete Schedule J	23	\longrightarrow	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		i	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			77
	through 24d and complete Schedule K. If "No," go to line 25a	24a	\blacksquare	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\square	
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	$\vdash \vdash \vdash$	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	——	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	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			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		'	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	***************************************	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ı		
	conservation contributions? If "Yes," complete Schedule M	30	├	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
		31	 	X
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	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	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	↓	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	↓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	—	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	
		F	orm 99	0 (2016

Form 990 (2016) INDIAN RIVER COUNTY HABITAT Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 26 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 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 X reportable gaming (gambling) winnings to prize winners? 1c 2a 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 X 2b 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) X 3a 3a 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a account)? 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 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? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? X If "Yes." did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	990 (2016) INDIAN RIVER COUNTY HABITAT 65-02300/9			age b
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, as			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See instru	iction	S.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6	Did the organization have members or stockholders?	201		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		х
	one or more members of the governing body?	5 7 U		8
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	75		х
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		- V	
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	5150		
С		12c	X	
	describe in Schedule O how this was done	40	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	100		
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?	450	X	500000000000000000000000000000000000000
а	The organization's CEO, Executive Director, or top management official		X	├──
b	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			Marie Berner
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40	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	45.60 4			
	ET 22067	772-56	2-9	1860
V	ERO BEACH	 		

VERO BEACH

(D)

(F)

(E)

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

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

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

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

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

(A) (B) Position Reportable Reportable Estimated Average Name and Title compensation compensation from amount of (do not check more than one hours per from related other box, unless person is both an week compensation organizations officer and a director/trustee) the (list any (W-2/1099-MISC) from the organization hours for Highest ox employee organization ndividual trustee nstitutional trustee (W-2/1099-MISC) related and related organizations employee organizations below dotted compensated line) (1) LAWRENCE LAUFFER 0.00 0 0 0.00 X X VICE CHAIRMAN (2) HELEN CROCKETT 0.00 0 0 0 X 0.00 X SECRETARY (3) RENE DONARS 0.00 0 0 0.00 0 X PAST CHAIR (4) FREDDIE WOOLFORK 0.00 0 0 0 0.00 X DIRECTOR (5) BRUCE BARKETT 0.00 0 0 0 0.00 X DIRECTOR (6) DOUGLAS FEEK 0.00 0 0 0 0.00 X DIRECTOR (7) TODD HECKMAN 0.00 0 0 0 0.00 X DIRECTOR (8) JIM BEINDORF 0.00 0 0 0 X X 0.00 TREASURER

0

0

0

0

0

0

0

0

(9) ANDY JORDAN

(10) CONNIE POPPELL

(11) TOBY ARNHEIM

DIRECTOR

CHAIRMAN

DIRECTOR

0.00

0.00

0.00

0.00

0.00

0.00

X

X

X

DAA

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s,	and Highest Compensated	d Employee(continued)	т	_
(A) Name and title	(B) Average				C) iition			(D) Reportable	(E) Reportable	(F) Estimated	
Name and the	hours per	· ·						compensation	compensation from related	amount of other	
	(list any hours for			nd a c	directo	or/trust	ee)	the	organizations (W-2/1099-MISC)	compensation from the	
	related organizations	Individual trustee or director	Institu	Officer	Key e	Highe	Former	(W-2/1099-MISC)		organization and related	
	below dotted	dual tr	nstitutional	1	employee	st com	4			organizations	
	line)	ustee	trustee		ee	Highest compensated employee					
			е		_	<u> </u>	_				_
(12) MARTIN BIRELE	0.00										
DIRECTOR	0.00	x						0	0	0)
(13) GEORGIA IRISH											
	0.00										`
DIRECTOR (14) GENE BILLERO	0.00	X	-		\vdash	-	\vdash	0	0	0	_
(14) GENE BILLERO	0.00										
DIRECTOR	0.00	x						0	0	0	<u>)</u>
(15) FRANCE KENYON											
	0.00	x						0			5
DIRECTOR	0.00	^	\vdash		\vdash	-	\vdash				_
	VONTO OTTO OFFICE AND EDITOR										
		_		_	ļ_	_	ļ. <u>.</u>				_
			\vdash								
	V										
		-	-	-	-	-	-				_
			_								
1b Sub-total											
c Total from continuation she	ets to Part VII,	Sect	ion	Α		1,000					
d Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not lir	nited	to th	nose	liste	d abo	ove	e) who received more than \$1	00,000 of		_
reportable compensation from	the organization	>	1							Yes No	_
3 Did the organization list any fo	rmer officer dire	ector	or tr	uste	e ke	ev em	סומר	ovee, or highest compensate	d		
employee on line 1a? If "Yes."	complete Sched	ule J	for s	uch	indi	vidua	1			3 X	***
4 For any individual listed on line organization and related organ	e 1a, is the sum o	of rep	ortal \$150	ble c	omp	ensa "Yes.	tior ." c	n and other compensation fro omplete Schedule J for such	im the		
individual										4 X	
5 Did any person listed on line 1 for services rendered to the or	a receive or accr	ue c	omp	ensa dete	tion Sch	from edule	any	y unrelated organization or in for such person	idividual	5 X	3555
Section B. Independent Contracto	ors										_
1 Complete this table for your five	e highest compe	ensat	ed in	dep	ende	ent co	ntr	actors that received more that	an \$100,000 of		
compensation from the organia	zation. Report co (A) d business address	mpe	nsat	on to	or th	e cale	ena	nar year ending with or within	(B) ption of services	(C) Compensation	_
EAST COAST LUMBER	d business address				AD	DRE	SS	ON FILE	ption of services	Odinpondation	_
VERO BEACH	F	L 3	329	67	7			BLDG SUPPLIES		204,89	<u>99</u>
CATHCO						DRE	SS	ON FILE			
VERO BEACH	F.	<u>.</u> 3	329	67				CONSTRUCTION		202,89	<u>₹5</u>
TEMP CONTROL, INC. VERO BEACH	न	ւ :	320	167		DRE	95	ON FILE CONSTRUCTION		139,71	14
LOCKTON ADDINITY, LI			<i></i> :			DRE	SS	ON FILE			_
VERO BEACH		<u>.</u>	329	967	7			CONSTRUCTION		138,63	35
MEEKS PLUMBING			200			DRE	ss	ON FILE		445.00	0.0
VERO BEACH		L :				d to t	har	CONSTRUCTION		115,08	20
2 Total number of independent or received more than \$100,000	contractors (inclu of compensation	iaing fron	שטונ the <u>the</u>	orga	mite aniza	ation	# 108	se listed anove) with	_ 5		
DAA										Form 990 (20	116)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) (A) Unrelated Total revenue business excluded from tax under sections exempt function revenue revenue 512-514 1a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations 31,183 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 2,623,181 1,057,184 Q Noncash contributions included in lines 1a-1f: 2,654,364 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2,062,854 2,062,854 TRANSFER OF HOMES 2a 245,197 245,197 MORTGAGE LOAN DISCOUNTS 118,689 118,689 NRI REPAYMENT 6,577 6,577 MORTGAGE LOAN DISC ON SOLD f All other program service revenue 2,433,317 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 108,418 108,418 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 17,000 20,050 other than inventor b Less: cost or other 23,226 17,427 basis & sales exps -6,226 2,623 c Gain or (loss) -3,603-3,603d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 2,347,127 See Part IV. line 18 1,311,662 **b** Less: direct expenses 794,548 1,035,465 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 b c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 56,025 56,025 11a LATE FEE & OTHER INCOME 55,857 55,857 b PREMIUM OF SECURITIZED NOTE 1,375 1,375 ENERGY SAVINGS AWARD PROGRAMS d All other revenue 113,257 e Total. Add lines 11a-11d 0 906,430 6,341,218 2,539,507 Total revenue. See instructions.

Form 990 (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. general expenses 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 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, 111,482 111,482 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 599,410 38,871 243,464 881,745 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,714 29,512 173,318 130,092 Other employee benefits 18,625 11,502 45,855 75,982 Payroll taxes 10 Fees for services (non-employees): a Management **b** Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,799 582 3,381 12 Advertising and promotion Office expenses Information technology 14 Royalties 15 1,204 1,218 4,142 6,564 16 Occupancy 1,177 1,065 2,786 5,028 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 73,333 73,333 20 Payments to affiliates 21 52,997 10,006 8,655 34,336 Depreciation, depletion, and amortization 23 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.) 2,060,975 2,060,975 TRANSFER OF HOMES 1,116,610 1,116,610 DISCOUNT ON MORTGAGES 405,987 405,987 CONSTRUCTION SUPPLIES C 207,941 207,941 TITHE EXPENSE 88,766 50,719 557,904 418,419 All other expenses 394,104 5,733,247 5,100,468 238,675 Total functional expenses. Add lines 1 through 24e 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)

DAA

Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 650,757 1,070,450 Cash-non-interest bearing 2 Savings and temporary cash investments 40,500 28,500 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 3,730,989 4,370,176 7 Notes and loans receivable, net 1,202,391 1,206,563 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 7,933,829 10a other basis. Complete Part VI of Schedule D 1,258,986 6,772,542 6,674,843 10c b Less: accumulated depreciation 10b Investments—publicly traded securities 12 Investments-other securities. See Part IV, line 11 12 5,048,183 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 144,759 73,160 Other assets. See Part IV, line 11 15 13,419,520 17,594,293 Total assets. Add lines 1 through 15 (must equal line 34) 16 299,306 608,861 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 418,345 293,379 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 625,635 2,059,832 23 Secured mortgages and notes payable to unrelated third parties 23 111,801 144,153 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,000,000 of Schedule D 7,672,028 2,889,284 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 9,763,285 10,287,471 Unrestricted net assets 242,765 158,980 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 9,922,265 17,594,293 10,530,236 Total net assets or fund balances 13,419,520 Total liabilities and net assets/fund balances

Schedule O.

the Single Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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.

Form **990** (2016)

3a

X

SCHEDULE A (Form 990 or 990-EZ)

(Form 990 or 990-EZ)

Department of the Treasury

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I

INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.

Employer identification number 65-0230079

The	orgar			it is: (For lines 1 through 12, ch				
1				ciation of churches described in			(i).	
2				A)(ii).(Attach Schedule E (Form				
3				e organization described in sect				
4		A medical rese	earch organization operated	in conjunction with a hospital de	escribed in	section 17	0(b)(1)(A)(iii). Enter the hospit	al's name,
		city, and state						
5		An organization	n operated for the benefit of	a college or university owned o	r operated	by a govern	nmental unit described in	
		section 170(b	o)(1)(A)(iv).(Complete Part I	1.)				
6				vernmental unit described in se				
7	X	- VC1V	n that normally receives a section 170(b)(1)(A)(vi).(Co	ubstantial part of its support fror emplete Part II.)	m a govern	mental unit	or from the general public	
8		A community	rust described in section 17	70(b)(1)(A)(vi).(Complete Part	II.)			
9		An agricultura	l research organization desc	ribed in section 170(b)(1)(A)(i	x) operated	in conjunct	ion with a land-grant college	
		or university o university:	r a non-land grant college of	agriculture (see instructions). E	Enter the na	ıme, city, ar	nd state of the college or	
10		An organization	on that normally receives: (1)	more than 33 1/3% of its suppo	ort from cor	ntributions,	membership fees, and gross	
		receipts from	activities related to its exemp	ot functions—subject to certain	exceptions,	and (2) no	more than 33 1/3% of its	
		support from g	ross investment income and	unrelated business taxable inc	come (less	Section 511	tax) from businesses	
				, 1975. See section 509(a)(2).			\(A\)	
11	\vdash			xclusively to test for public safe xclusively for the benefit of, to p				
12		of one or more	n organizeo ano operateo e publiciv supported organiza	ations described in section 509	(a)(1) or se	ection 509(a)(2). See section 509(a)(3).	
		Check the box	in lines 12a through 12d tha	at describes the type of supporti	ing organiz	ation and co	omplete lines 12e, 12f, and 12g	9.
	а	Type I. A	supporting organization ope	rated, supervised, or controlled	by its supp	orted organ	nization(s), typically by giving	
				er to regularly appoint or elect a		f the directo	ors or trustees of the	
				omplete Part IV, Sections A a			arganization(s), by boying	
	b	Type II. A	supporting organization sur	pervised or controlled in connecting organization vested in the sa	tion with its	supported	rol or manage the supported	
		control or	management of the support	Part IV, Sections A and C.	ame persor	is that cont	to of manage the supported	
	_			upporting organization operated	Lin connect	ion with an	d functionally integrated with.	
	C	its suppor	ted organization(s) (see inst	ructions). You must complete	Part IV, S	ections A,	D, and E.	
	d	Type III r	non-functionally integrated	dA supporting organization ope	rated in co	nnection wit	th its supported organization(s	
		that is not	functionally integrated. The	organization generally must sat	tisfy a distri	bution requ	irement and an attentiveness	
				nust complete Part IV, Sectio				
	е	Check thi	s box if the organization rece	eived a written determination fro	m the IRS	that it is a T	ype I, Type II, Type III	
	_			-functionally integrated supporti	ing organiz	ation.		
	f		ber of supported organization					110171
	g	Provide the fo	llowing information about the	361 326	#: A t = #: -		4.3.4	(vi) Amount of
(ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	10.7	organization ur governing	(v) Amount of monetary support (see	other support (see
	01	garization		above (see instructions)	1 '	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
		_						
(C)	1							
(D))							
					_	 		
(E)								
_								
Tot	al						0.1	A (Farm 000 or 000 E7) 2016

Schedule A (Form 990 or 990-EZ) 2016

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

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

Sec	tion A. Public Support						
Caler	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.")	1,477,539	1,805,367	2,918,993	1,709,322	2,654,364	10,565,585
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	1,477,539	1,805,367	2,918,993	1,709,322	2,654,364	10,565,585
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)						130,995
_6	Public support. Subtract line 5 from line 4.	1					10,434,590
	tion B. Total Support		(1) 0040	4) 0044	(-1) 0045	(a) 2016	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	
7	Amounts from line 4	1,477,539	1,805,367	2,918,993	1,709,322	2,654,364	10,565,585
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	98,424	102,449	127,960	120,748		449,581
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.)	1,247,495	1,335,550	1,642,802	1,764,803	2,108,424	8,099,074
11	Total support. Add lines 7 through 10			l.	<u> </u>	12	19,114,240 2,893,695
12	Gross receipts from related activities, etc. (A DOMESTIC SERVICES	2,893,695
13	First five years. If the Form 990 is for the		econd, third, fourth	, or fifth tax year as	s a section 501(c)(c	3)	▶ □
_	organization, check this box and stop here	on and Danagetee					
Sec	tion C. Computation of Public Su					14	54.59%
14	Public support percentage for 2016 (line 6,					15	55.49%
15	Public support percentage from 2015 Sche	dule A, Part II, line 14	4 	and line 44 in 22 4	/20/ or more, choo	* * * * * * * * * * * * * * * * * * *	55.45 70
16a	33 1/3% support test—2016. If the organi						▶ X
	box and stop here . The organization quali				33 1/3% or more	check	
b	33 1/3% support test—2015. If the organ						▶ □
	this box and stop here. The organization of	qualifies as a publicly	supported organiz	ation	or 16h, and line 14	ie	******
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets	16. If the organization	matanaca" taat ah	ock this havend st	on here Evolain i	15	
	Part VI how the organization meets the "fa	s the macts-and-circu	mstances test, cri	zotion qualifies as	a publicly supporte	d d	
		cts-and-circumstance	es test. The organi	zation qualifies as	a publicly supporte		▶ □
	organization 10%-facts-and-circumstances test—20	AE If the examination	a did not chack a h	ny on line 13 16a	16h or 17a and lir	 1e	
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	incets the lacts-and oir	cumetances" teet	The organization o	ualifies as a nublic	v	
							▶ □
40	supported organization Private foundation. If the organization did	t not check a hox on	line 13 16a 16h 1	7a or 17h check	this box and see		
18	instructions					.,	· Line contraction

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	II the enganization rand		10.0						
	tion A. Public Support							1 45	
Calen	dar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(†)) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	200							
2	Gross receipts from admissions, merchandis sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	е							
3	Gross receipts from activities that are not an unrelated trade or business under section 51								
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								
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	200							
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)	1							
Sec	tion B. Total Support	4.4.4							
	ndar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(1) Total
9	Amounts from line 6		, ,						
10a	Gross income from interest, dividends, payments received on securities loans, rentroyalties and income from similar sources	S,							
b	Unrelated business taxable income (le section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is fo	the	organization's first.	second, third, four	th, or fifth tax year	as a section 501(c)(3)		
17	organization, check this box and stop				and the second s				2022
Sec	tion C. Computation of Public							_,	
15	Public support percentage for 2016 (li				(f))				%
16	Public support percentage from 2015							<u> </u>	%
	tion D. Computation of Inves	me	nt Income Per	centage					
17	Investment income percentage for 20				column (f))		1:	_	%
18	Investment income percentage from 2	2015	Schedule A, Part II	II, line 17			11	3]	<u>%</u>
19a	33 1/3% support tests-2016.If the	orga	nization did not che	eck the box on line	14, and line 15 is n	nore than 33 1/3%	, and line		. ┌
	17 is not more than 33 1/3%, check the	nis bo	ox and stop here.	The organization qu	ialifies as a publicly	/ supported organi	zation		1111
b	33 1/3% support tests—2015. If the	orga	nization did not che	eck a box on line 1	4 or line 19a, and li	ne 16 is more than	33 1/3%, and		. □
	line 18 is not more than 33 1/3%, che	ck th	is box and stop he	ere. The organization	n qualifies as a pul	blicly supported or	ganızatıon		30.505.6
20	Private foundation.If the organization	n di	d not check a box o	on line 14, 19a, or 1	9b, check this box	and see instruction	15		HEERS

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 (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.
- 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) purposes.
- 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?
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 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
1		
2		
3a		
3b		
20		
3c		
4a		
		000000000000000000000000000000000000000
4b		
4c		*****************
5a		
5b		
5c		
36	energi konjensi	
6		***************
0		
7		
*********		*
8	000000000000000000000000000000000000000	200000000000000000000000000000000000000
9a	************	\$22222250000000000
30		200000000000000000000000000000000000000
9b		
9b		
9b 9c		
9c		
9c 10a		
9c 10a 10b		

Par	t IV Supporting Organizations (continued)			
	M. M		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
		Antono0000	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	000000000000000000000000000000000000000	***********
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sect	ion D. All Type III Supporting Organizations		Yes	No
			162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		200000000000000000000000000000000000000
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	000000000000000000000000000000000000000	500000000000000
_	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		000000000000000000000000000000000000000
Sact	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
1	The state of the Anti-West Test Consults the 2 holow	,		
a b	The state of the s			
c	The second secon	uctions).		
•	The digunization dappened a gereinmental entry			
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
- a	Division of the all of the approximate participate during the tay year directly further the exempt numbers of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explainhow these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	6 (0.000	
b	and the state of t			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	or opposite the contract of th	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
ē	Division of the advantage of the property appoint or close a majority of the officers directors of			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	01 000000000000000000000000000000000000	01 900000000000000000000000000000000000
ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

T	65-0230	079 Page 6
st complete	Sections A through E.	1
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		<u> </u>
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
l Type III su	pporting organization (se	е
	anization	A

Par	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizatio	ns (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of			
	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.			
7	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			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
	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:			
a				
b				
	From 2013		***************************************	
	From 2014			
	From 2015		***************************************	
	Total of lines 3a through e			
	Applied to underdistributions of prior years	11		
<u>n</u>	Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
_	Distributions for 2016 from			8.8
4	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2016 distributions of prior years Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	100 pt		
6	Remaining underdistributions for 2016. Subtract lines 3h			
0	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	999		
7	and 4c.			
8	Breakdown of line 7:			
0				
	Excess from 2013			
	Excess from 2014			
_	Excess from 2015			
	Excess from 2016			

	Form 990 or 990-EZ) 201		RIVER COUNT		65-0230079	Page 8
Part VI	III, line 12; Pa B, lines 1 and 3a and 3b; Pa	irt IV, Section A, lin 2; Part IV, Section art V, line 1; Part V,	es 1, 2, 3b, 3c, 4b, a C, line 1; Part IV, 5 Section B, line 1e;	4c, 5a, 6, 9a, 9b, 9c, Section D, lines 2 and	I, line 10; Part II, line 17a or 17 11a, 11b, and 11c; Part IV, Se d 3; Part IV, Section E, lines 1c nes 5, 6, and 8; and Part V, Sec See instructions.)	ction , 2a, 2b,
Dart			ncome Detail			
LATE	FEES & SAL	E OF MERCHAI	NDISE \$	5,990,650		

• • • • • • • • • • • • • • • • • • • •						************

ewww.comenceresco			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

•					***************************************	
• ********						
. /20/12/16/04						
•		***************************************				********

				227.0225.000.000000000000000000000000000		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 atwww.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

	NDIAN RIVER COUNTY HABITAT OR HUMANITY, INC.		65-0230079
	ert I Organizations Maintaining Donor Advised Funds or Ot	her Similar Funds or Acc	
	Complete if the organization answered "Yes" on Form 990	Part IV, line 6.	
	Complete in the organization attended 1.00 cm. co.	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year		
1	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets h	neld in donor advised	
5			Yes No
	funds are the organization's property, subject to the organization's exclusive legal c Did the organization inform all grantees, donors, and donor advisors in writing that g		
6			
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	ior any other purpose	Yes No
· · · · ·	conferring impermissible private benefit?		163 NO
Pa	irt II 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	y). reservation of a historically impo	rtant land area
	Trotodion of material material	reservation of a certified historic	Structure
	Preservation of open space	the size in the form of a papagonial	lian .
2	Complete lines 2a through 2d if the organization held a qualified conservation contri	bution in the form of a conservat	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а			
þ			8.6
С			2c
d	No. of the state o	on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or	r terminated by the organization	during the
	tax year >		
4	Number of states where property subject to conservation easement is located	Established III	
5	Does the organization have a written policy regarding the periodic monitoring, inspe		Yes No
			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	and enforcing conservation ease	ements during the year
	ACCIOCONOMO ES	f	to during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring, inspecting, handling of violations, and expenses incurred in monitoring in the contract of the contr	enforcing conservation easemen	is during the year
	> \$	11 of 470/EV/AV/DV()	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	ents of section 170(1)(4)(b)(i)	Yes No
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its re	venue and expense statement, a	ariu Tribas tha
	balance sheet, and include, if applicable, the text of the footnote to the organization	s illianciai statements that desc	ilibes tile
	organization's accounting for conservation easements. art III Organizations Maintaining Collections of Art, Historica	al Treasures or Other Si	milar Assets
	art III Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990	Part IV. line 8.	
4.	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report i		ance sheet
1a	works of art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furthera	nce of
	public service, provide, in Part XIII, the text of the footnote to its financial statement		
	11 1 - 1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	revenue statement and halance	sheet
b	works of art, historical treasures, or other similar assets held for public exhibition, e	ducation or research in furthera	ince of
	public service, provide the following amounts relating to these items:	Table in the second of the least local	···
			> \$
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
_	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar	r assets for financial gain, provin	
2			io are
	following amounts required to be reported under SFAS 116 (ASC 958) relating to the		▶ \$
a	Revenue included on Form 990, Part VIII, line 1		\$

Sched		VER COUNTY				<u>65-02300</u>				age 2
Par	t III Organizations Maintaining	Collections of	Art, Histo	orical Trea	asures, or C	Other Simila	r Assets	(continue	ed)	
	Using the organization's acquisition, accession collection items (check all that apply):	, and other records,	check any	of the followi	ing that are a s	ignificant use of	its			
a	Public exhibition	d	Loan or exc	change prog	rams					
b	Scholarly research			-						
c	Preservation for future generations		88.233							
4	Provide a description of the organization's colle	ections and explain h	now they fur	rther the orga	anization's exe	mpt purpose in	Part			
	XIII.									
5	During the year, did the organization solicit or i	receive donations of	art, historic	al treasures,	or other simila	ır		_		
	assets to be sold to raise funds rather than to l							Ye	s	No
	t IV Escrow and Custodial Arra	ngements.								
	Complete if the organization	answered "Yes"	on Form	990, Part	IV, line 9, o	r reported ar	ا amount ا	on Form		
	990, Part X, line 21									
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for contri	ibutions or ot	ther assets not				_	
	included on Form 990, Part X?					CONTRACTOR STATE		Ye	s X	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing table:					seed continue		
								Amount		
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on For	m 990, Part X, line 2	1, for escro	ow or custodi	ial account liab	ility?		X Ye		No
	If "Yes," explain the arrangement in Part XIII. (X	: <u> </u>
	rt V Endowment Funds.									
hina toes con en co	Complete if the organization	answered "Yes"	on Form	990, Part	IV, line 10.					
		(a) Current year		rior year	(c) Two years	back (d) T	hree years back	k (e) Four	years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and									
_	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, co	lumn (a)) he	ld as:					
а	Board designated or quasi-endowment	%								
	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c should	ild equal 100%.								
3a	Are there endowment funds not in the posses		ion that are	held and ad	ministered for	the		1		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		-
	(ii) related organizations							3a(ii)		-
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	dule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds	S.						
Pa	rt VI Land, Buildings, and Equi	pment.								
	Complete if the organization	answered "Yes"	on Form	<u>1 990, Parl</u>	<u>t IV, line 11a</u>	a. See Form	<u>990, Part</u>	X, line 10.		
	Description of property	(a) Cost or other		(b) Cost or		(c) Accumula	ated	(d) Book	value	
	<u>.</u>	(investmen	t)	(oth		depreciation	n			
1a	Land			5	85,417				<u>85,</u>	41
	Buildings									
D				_						
С	Leasehold improvements									
c d e	Leasehold improvements	1,710	0,674		37,738	1,25	8,986	6,0 6,6		

Schedule D (Fo	orm 990) 2016	INDIAN RIVER	COUNTY	HABITAT	6	5-0230079	Page 3
Part VII	Investments	—Other Securities					
	Complete if the	ne organization ansv	vered "Yes" o				
	*11	ption of security or category		(b) Book val	ue	(c) Method of	of valuation ear market value
		uding name of security)				Cost of end-of-ye	edi Illaiket value
(1) Financial d	1 1 7 7 1 1 7 7			OEXO .			
(O) Other	d equity interests			(5)(6)			
				000			
				(10.0)			
(B) (C)							
(D)	************						
(E)	******	***************************************					
(F)							
(G)				0000			
(H)				000			
Total. (Column	(b) must equal Fo	orm 99 <u>0, Part X, col. (B) I</u>	ine 12.) ▶			<u></u>	
Part VIII	Investments	—Program Related	1.				
E-socooper vessorohico.W		he organization ansv	wered "Yes"				
	(a) De	escription of investment		(b) Book val	lue	(c) Method	of valuation ear market value
						Cost or end-or-y	
_(1)							
_(2)							
(3)							
_(4)							
(5)							
_(6)							
(7)							
(8)							
	(h) must equal Fo	orm 990, Part X, col. (B)	line 13.) ▶				
Part IX	Other Asset	s.					
	Complete if t	he organization ans	wered "Yes"	on Form 990, Part	IV, line 11d.	See Form 990, Pa	art X, line 15.
			(a) Description				(b) Book value
(1)							
(2)							
(3)							
(4)							
(6)							
(7)							
(8)							
(9)		and OOO Bod V and (B)	line 15 \			•	
Part X	Other Liabil	orm 990, Part X, col. (B)	ine 15.)		· material management access on an analy	Particle and any accommendation of the second	
Fall	Complete if t	the organization ans	wered "Yes"	on Form 990. Part	IV. line 11e	or 11f. See Form	990, Part X,
	line 25.	ine organization and	110100 100				
1.		Description of liability		(b) Book va	alue		
	income taxes						
(7)							
(8)							
(9)							
Total. (Colum	n (b) must equal F	orm 990, Part X, col. (B)	line 25.) ▶				
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	income taxes		line 25.) ▶			statements that reports	the

chedule D (Form 990) 2016 INDIAN RIVER COUNTY HABITAT		65-023007	9	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Re	evenue per Retu	rn.	
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 1	2a		
1 Total revenue, gains, and other support per audited financial statements			1	7,652,877
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1			
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		1,311,659		
e Add lines 2a through 2d			2e	1,311,659
3 Subtract line 2e from line 1			3	6,341,218
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b		918.1000000000000000000000000000000	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,341,218
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line	12a		
Total expenses and losses per audited financial statements			1	7,044,906
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)		1,311,659		
		<u> </u>	2e	1,311,659
e Add lines 2a through 2d Subtract line 2e from line 1			3	5,733,247
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	[]			
	4a			
	4.			
b Other (Describe in Part XIII.)			4c	
15 100 Fort 100 A			5	5,733,247
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10.) Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	nes 1h and 2	b: Part V. line 4: Part)	K. line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	v additional in	formation.	•	
Part IV, Line 2b - Escrow Liability Arrangem	ent Ex	planation		
Part IV, Hille 2D Escion Blastian,		A		
THE ORGANIZATION HOLDS AMOUNTS RECEIVED FROM	HOMEO	WNERS IN ES	SCRO	W FOR
THE ORGANIZATION HOLDS AMOUNTS RECEIVED FROM			******	
PROPERTY MAYER AND INCIDANCE				
PROPERTY TAXES AND INSURANCE.				
	in Fin	anciale - ()+he	r
Part XI, Line 2d - Revenue Amounts Included	TH ETH	anciais		
THE PART OF THE PA	STITE C	ė	1	,201,991
DIRECT EXPENSES FOR RESTORE NETTED WITH REVE	ENUES			,201,991
				100 669
DIRECT EXPENSES NETTED WITH FUNDRAISING ACTI	CALLIES	,		109,668
			0.1	
Part XII, Line 2d - Expense Amounts Included	i in Fi	nancials -	Otn	er
CONTRACTOR			_	004 004
DIRECT EXPENSES NETTED WITH FUNDRAISING ACTI	CVITIES		1	,201,991
THE THE PROPERTY OF THE PROPER		sseroristikisest. vii		400 660
DIRECT EXPENSES FOR RESTORE NETTED WITH REVI	ENUES	\$		109,668
	NAMES AND ASSOCIATION OF THE PARTY OF THE PA		acaca ocuronos	
			consideration of	

Schedule D (F	orm 990) 20 <u>16</u>	INDIAN RIV	ZER COUNTY	HABITAT		65-0230079	Page 5
Part XIII	Supplemer	ntal Information (continued)				

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4							

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A REFERENCES							
ra o componencia							************

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is atww.irs.gov/form990. TVER COUNTY HABITAT

FOR HUMANITY, INC.		_			65-02300	
Part I Fundraising Activities. Complete if	the organization	on ans	were	d "Yes" on Form 9	90, Part IV, line 1	7.
Form 990-EZ filers are not required t Indicate whether the organization raised funds through a			o Chr	ack all that apply		
				rnment grants		
a Mail solicitations	f Solicitatio		_	-		
b Internet and email solicitations		-		_		
c Phone solicitations	g Special fu	indraisin	g eve	nts		
d In-person solicitations	th one individual (i	aaludina	office	re directore trustees		
 Did the organization have a written or oral agreement wi or key employees listed in Form 990, Part VII) or entity in If "Yes," list the 10 highest paid individuals or entities (full) 	n connection with p	profession	onal fu	ndraising services?	traiser is to be	Yes No
compensated at least \$5,000 by the organization.	nuraisers, pursuar			nto diffeet without the falls		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Die raiser custo contri contrib	have dy or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			ş •			
List all states in which the organization is registered or livensing.	censed to solicit c	ontributi	ons or	has been notified it is	exempt from	

INDIAN RIVER COUNTY HABITAT Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events SALE OF DONATED **FUNDRAISING** None (add col. (a) through col. (c)) (total number) (event type) (event type) 2,347,127 1,996,542 350,585 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 2,347,127 350,585 1,996,542 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 1,311,662 1,201,994 109,668 9 Other direct expenses 1,311,662 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,035,465 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue. 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Yes Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: No Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	hedule G (Form 990 or 990-EZ) 2016 INDIAN RIVER COUNTY HABITAT 65-0230079	Page 3
11	Does the organization conduct gaming activities with nonmembers?	s No
12	**************************************	
-	formed to administer charitable gaming?	s No
12	5 annual manual	
13		%
а		
b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name ►	
	Address ▶	
	Address >	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	s No
b		
	amount of gaming revenue retained by the third party > \$	
С		
	Name ▶	
	Address	
	Address •	
	O to the constitution of t	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	The second secon	
а	l v	s No
	retain the state gaming iterise:	.5
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
20.000	spent in the organization's own exempt activities during the tax year \$	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	
	See instructions	
		1 - 1 - 1 + 2 - 4 -
4.11		
1920		
- 118		

Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990.

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

90. Inspection
Employer Identification number

65-0230079

INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.

Pa	rt I Types of Property			(c)				
		(a) Check if	(b) Number of contributions or	Noncash contribution	(d) Method of determin	na		
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution an			
1	Art — Works of art			1 0111 000, 1 411 111, 1110 19				—
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property					_		
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial	-						
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	x	2	1,057,184				
25	Other ► (2,00,,100				
26 27	Other ()							
	Other ► () Other ► ()							
28 29	Number of Forms 8283 received by t	he organiza	ation during the tax year t	or contributions for				
23	which the organization completed Fo				29			
	William the organization completes to	0200, .	21(11)	CONTRACTOR OF THE CONTRACTOR O			Yes	No
30a	During the year, did the organization	receive by	contribution any property	reported in Part I, lines 1 th	rough			
Jou	28, that it must hold for at least three	vears from	the date of the initial cor	ntribution, and which isn't req	quired			
	to be used for exempt purposes for t					30a		X
b	If "Yes," describe the arrangement in		or amanagara					
31	Does the organization have a gift acc		olicy that requires the rev	iew of any nonstandard				
-•	contributions?		-			31	X	
32a	1000-0-0-1000-0-000-0-000-0-000-0-0-0-0	rd parties o	r related organizations to	solicit, process, or sell nonc	cash			
	contributions?				*******	32a	255507777	X

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

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.

2016

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 twww.irs.gov/form990

Open to Public Inspection

Name of the organization

INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.

Employer identification number

65-0230079

Form 990 - Organization's Mission

NEARLY 1,400 HABITAT FOR HUMANITY AFFILIATES ARE AT WORK IN THE UNITED STATES, BUILDING HOUSES IN PARTNERSHIP WITH PEOPLE IN NEED OF DECENT, AFFORDABLE HOUSING. HABITAT HOUSES ARE PURCHASED BY FAMILIES AT PRICES AFFORDABLE TO LOW-INCOME AMERICANS, THANKS TO THE DONATED LABOR OF HABITAT VOLUNTEERS, THE SUPPORT OF PARTNER ORGANIZATIONS AND THE NO-PROFIT, NO-INTEREST TERMS OF EACH U.S. HABITAT FOR HUMANITY MORTGAGE.

Form 990, Part III, Line 4a - First Accomplishment

KIDS TO NEIGHBORHOOD SCHOOLS, CONTINUE TO WORK IN LOCAL JOBS, CONTRIBUTE TO

THE COMMUNITY AND THE LOCAL ECONOMY, AND ENJOY THE STABILITY THAT COMES

WITH BEING A HOMEOWNER.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

REVIEW WILL BE CONDUCTED BY ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO

SUBMISSION

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

MONITORED AND ENFORCED BY MEANS OF KNOWING OUR BUSINESS PARTNERS, POLLING

THE BOARD MEMBERS, AND REITERATING THE WRITTEN POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE PERFORMANCE EVALUATION OF THE PRESIDENT OF THE ORGANIZATION IS
INITIATED BY THE CHAIRPERSON OF THE BOARD, AND THE EXECUTIVE COMMITTEE OF
THE BOARD REVIEWS AND COMPLETES THE EVALUATION.

Name of the organization

INDIAN RIVER COUNTY HABITAT

Employer identification number

65-0230079

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE INDIAN RIVER HABITAT FOR HUMANITY BOARD OF DIRECTORS CONTRACTS AN

INDEPENDENT THIRD PARTY TO EXAMINE ALL POSITIONS IN THE ORGANIZATION WITH

REGARD TO COMPENSATION. SUCH AN ANALYSIS IS CONTRACTED APPROXIMATELY EVERY

THIRD YEAR AND INCLUDES A COMPARISON OF COMPENSATION AND BENEFITS AMOUNG

NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS. PERFORMANCE EVALUATIONS ARE

THE BASIS OF INCREASES TO COMPENSATION AND ARE COMPLETED BY THE IMMEDIATE

SUPERVISOR OF EACH POSITION, WHICH ARE THEN REVIEWED BY THE NEXT HIGHER

LEVEL OF MANAGEMENT. SENIOR MANAGERIAL PERFORMANCE EVALUATIONS ARE

REVIEWED BY THE CHAIRPERSON OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation FINANCIAL STATEMENTS ON WEBSITE

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

DIRECT EXPENSES FOR RESTORE NETTED WITH REVENUES \$ 1,201,991

DIRECT EXPENSES NETTED WITH FUNDRAISING ACTIVITIES \$ 109,668

DIRECT EXPENSES NETTED WITH FUNDRAISING ACTIVITIES \$ -1,201,991

DIRECT EXPENSES FOR RESTORE NETTED WITH REVENUES \$ -109,668

Page 1 of 1

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is awww.irs.gov/form4562.

Internal Revenue Service Name(s) shown on return

INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.

Identifying number 65-0230079

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,010,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 168,318 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Part III 209 17 MACRS deductions for assets placed in service in tax years beginning before 2016 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (a) Depreciation deduction business/investment use (e) Convention (a) Classification of property placed in period only-see instructions) service 19a 3-year property 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property S/L 27.5 yrs. MM h Residential rental S/L property MM 27.5 yrs. MM S/L 39 yrs. Nonresidential real MM S/L property Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L 40 vrs. 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 168,527 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 23 portion of the basis attributable to section 263A costs Form 4562 (2016)

65-0230079

Federal Asset Report Form 990, Page 1

FYE: 6/30/2017

_					ъ.:			
Asset	Description	Date In Service	Cost	Bus Sec E % 179Bonus for	Basis or Depr_	PerConv Meth	Prior	Current
		<u></u>						
	MACRS:	0/22/06	2 124		2 124	15 HY S/L	1,985	209
100	WAREHOUSE IMPROVEMENTS	9/22/06 _	3,134		3,134	IS II 9/L	1,985	209
		=	3,134	_	3,134	:	1,707	209
Other	Danuaciation							
27	Depreciation: 1000 laser system	6/24/02	995		995	5 MO S/L	995	0
30 31	CARGO TRAILER 1995 FORD TRUCK	12/24/02 2/04/03	1,500 9,489		1,500 9,489	5 MO S/L 5 MO S/L	1,500 9,489	0
33	LAND	3/14/03	585,417		585,417	0 Land	0	0
37	1994 Ford F-150 truck Sold/Scrapped: 2/17/17	8/31/03	3,302		3,302	5 MO S/L	3,302	_
38	6*12 Enclosed Trailer	11/18/03	2,122		2,122 1,400	5 MO S/L 5 MO S/L	2,122 1,400	0
39 49	Open Utility Trailer 1993 Ford Box Truck-Restore QB	11/20/03 2/12/04	1,400 6,000		6,000	5 MO S/L	6,000	0
54	Restore Complex Improvements	6/30/04	24,679		24,679	40 MO S/L 40 MO S/L	6,787 5,008	617 401
55 57	Landscaping and other non-building impro TABLE SAW	venhebhl/04 2/28/05	16,026 590		590	5 MO S/L	590	0
58	HALF MILE HAILER	5/16/05	456		456 649	5 MO S/L 5 MO S/L	456 649	0
59 61	TROY BILT GENERATOR WAREHOUSE RACKS	6/01/05 2/28/05	649 3,035		3,035	7 MO S/L	3,035	0
65	RESTORE BUILDING	6/30/05	2,003,036	2	2,003,036 26,421	40 MO S/L 7 MO S/L	550,835 26,421	50,076 0
71	FORKLIFT ELECTRIC PRESSURE WASHER	5/25/05 5/31/05	26,421 388		388	5 MO S/L	388	0
73	FORKLIFT ASSESSORIES	6/17/05	4,148 720		4,148 720	7 MO S/L 5 MO S/L	4,148 720	0
79 81	3 SAFES ENCLOSED TRAILER	5/17/05 7/06/05	4,500		4,500	5 MO S/L	4,500	Ō
82	1996 CHEVY TRUCK	8/25/05	6,500 995		6,500 995	5 MO S/L 5 MO S/L	6,500 995	0
84 86	LASER LEVEL TRAILER	10/05/05 6/30/06	2,700		2,700	5 MO S/L	2,700	0
87	2 GENERATORS	6/30/06 7/07/05	5,000 564		5,000 564	5 MO S/L 5 MO S/L	5,000 564	0
88 90	ALUMINUM DOCKPLATE STREET SWEEPER	8/31/05	7,500		7,500	5 MO S/L	7,500	0
92	WAREHOUSE RACKS	7/21/05 6/01/06	28,440 51,854		28,440 51,854	5 MO S/L 40 MO S/L	28,440 13,072	0 1,296
93 96	LOUNGE,LAUNDRY,ELECTRICAL 1993 FORKLIFT PROPANE	2/05/07	5,000		5,000	5 MO S/L	5,000	0
97	CONTRUCTION TRAILER	3/27/07 10/05/07	2,700 23,500		2,700 23,500	5 MO S/L 5 MO S/L	2,700 23,500	0
104 105	2006 GMC BOX TRUCK RAMP/WALL TRACK FOR BOX TRUC	K 10/12/07	1,267		1,267	5 MO S/L	1,267	0
108	RAISER EDGE SOFTWARE	8/01/07 8/06/07	25,635 1,956		25,635 1,956	5 MO S/L 5 MO S/L	25,635 1,956	0
109 110	RAISER EDGE SOFTWARE RAISER EDGE SOFTWARE	9/11/07	4,770		4,770	5 MO S/L	4,770	0
111	RAISER EDGE SOFTWARE	9/30/07 10/12/07	1,830 916		1,830 916	5 MO S/L 5 MO S/L	1,830 916	0 0
119	RAISER EDGE SOFTWARE SOLAR HOT WATER SYSTEM -CAV	10/30/07	2,700		2,700	5 MO S/L	2,700	0
121	WAREHOUSE SHELVING	7/16/08 1/02/10	8,103 2,146		8,103 2,146	10 MO S/L 7 MO S/L	6,415 1,993	810 153
124	PALLET RACKING - HC NET SOLUTIONS SOFTWARE	3/15/10	1,850		1,850	5 MO S/L	1,850	0
125	MICROSOFT OFFICE PRO 2007 (30 CO 3 COMPUTERS	P 5/27/10 5/08/10	16,942 2,274		16,942 2,274	5 MO S/L 5 MO S/L	16,942 2,274	0
128	3 COMPUTERS	6/30/10	2,164		2,164	5 MO S/L	2,164	0
130	2010 GMC SAVANA CARGO 2000 DODGE RAM 1500 VAN	11/03/10 3/01/11	24,433 1,200		24,433 1,200	5 MO S/L 5 MO S/L	24,433 1,200	0
132	FLOOR BUFFER	1/05/11	978		978	5 MO S/L	978	0
135	WORKSTATION A1018 HC CASH REGISTER	4/01/11 6/30/11	743 820		743 820	5 MO S/L 5 MO S/L	743 820	0
130	2001 TOYOTA AVALON	8/11/11	7,805		7,805	3 MO S/L	7,805	0
130	Sold/Scrapped: 1/06/1 1999 DODGE RAM REPAIRS	7 10/01/11	578		578	3 MO S/L	578	0
141	NEW FACILITIES FURNITURE	9/01/11	95,678		95,678	7 MO S/L	66,064 1,720	13,668 362
	MONUMENT SIGN COMPUTER - L GOODALL	9/30/11 9/01/11	2,534 670		2,534 670	5 MO S/L	647	23
144	TRAINING WORKSTATIONS (6)	9/16/11	4,044		4,044	5 MO S/L	3,842 676	202 36
	POINT OF SALE HARDWARE COMPUTER HC REGISTER 3	10/03/11 3/09/12	712 580		712 580	5 MO S/L	503	77
147	COMPUTER - S MONROE	5/03/12	659		659	5 MO S/L	549 2,400	110 0
148	QB ENTERP Office & Training Center	12/31/11 9/01/11	2,400 1,017,175		2,400 1,017,175	40 MO S/L	122,909	25,429
150		9/16/11	1,230		1,230		1,169	61
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65-0230079

Federal Asset Report Form 990, Page 1

FYE: 6/30/2017

		D=4-		Pun Coo	Bools			
Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	VIDEO WORKSTATION	9/16/11	1,093		1,093 12,900	5 MO S/L 5 MO S/L	1,038 12,255	55 645
152 153	SMART BOARDS (2) CONF ROOM LCD SREENS (4)	9/16/11 9/16/11	12,900 3,858		3,858	5 MO S/L 5 MO S/L	3,665	193
154	CONF ROOM LAPTOPS (4)	9/16/11	2,236		2,236	5 MO S/L	2,124	112 387
	NETWORK HARWARE & CABLING 2013 HC BOX TRUCK	9/16/11 6/26/13	7,748 38,558		7,748 38,558	5 MO S/L 5 MO S/L	7,361 23,135	7,711
158	SERVER	9/04/12	4,561		4,561	5 MO S/L	3,497	912 339
160 161	desktop computers (3) LOADING RAMP FOR 2013 HC BOX TR	4/10/14 8/02/13	1,695 1,623		1,695 1,623	5 MO S/L 5 MO S/L	763 947	325
162	2002 VOLVO V70	2/24/14	6,482		6,482	5 MO S/L	3,025	648
164	Sold/Scrapped: 1/12/17 desktop computer(1)	2/14/14	664		664	5 MO S/L	321	133
165	desktop computer (1)	1/15/14	603 559		603 559	5 MO S/L 5 MO S/L	302 298	120 112
166 167	desktop computer (1) FURN UPHOLSTERY & MATTRESS CLI	11/12/13	2,668		2,668	5 MO S/L	578	534
168	2000 DODGE GRAND CARAVAN	3/01/15	996		996	5 MO S/L 5 MO S/L	266 385	199 330
169 171	2015 RORU 16' RESTORE POS SERVER	5/14/15 1/23/15	1,650 711		1,6 5 0 711	5 MO S/L	201	143
172	UNDERGROUND UTILITY MARKINGS	5/08/15	1,280		1,280	5 MO S/L	299	256
	DURASTORM, GLASS IMPACT TILT MIRROR, GRAB BAR	6/11/15 6/17/15	11,358 827		11,358 827	40 MO S/L 5 MO S/L	308 165	284 166
175	ReSTORE PHASE 1 EXPANSION	6/30/15	245,173		245,173	40 MO S/L	6,129	6,130
	ReSTORE PHASE 1 A/C NESTAFLEX FLEXIBLE CONVEYOR	6/30/15 8/17/15	34,279 2,777		34,279 2,777	10 MO S/L 5 MO S/L	3,428 463	3,428 555
	RESTORE EXPANSION PHASE II	10/01/16	1,264,048		1,264,048	40 MO S/L	0	23,701
	MS OFFICE PRO 2016	6/07/16 6/07/16	2,567 450		2,567 450	5 MO S/L 5 MO S/L	43 8	513 90
	MS WINDOWS 2010 KATHY'S NEW CPU-NUC 13 KIT	2/15/16	550		550	5 MO S/L	46	110
183	DESKTOP COMPUTER-DEVELOP ASSO	3/18/16	710		710 66,647	5 MO S/L 40 MO S/L	36 108	141 1,666
	1740 10TH WAY-BLDG 1740 10TH WAY SW-LAND	5/31/16 5/31/16	66,647 48,300		48,300	0 Land	0	0
186	2003 BLUE HONDA ODYSSEY	9/27/16	2,151		2,151	3 MO S/L	0	538 829
187 188		11/02/16 12/05/16	3,732 2,055		3,732 2,055	3 MO S/L 5 Memo	0	0
	Sold/Scrapped: 2/01/17				664	5 Memo	0	0
189	1999 FORD CONTOUR Sold/Scrapped: 3/27/17	3/01/17	664			_		_
190	1997 INTL UTILITY TRUCK 4900	4/17/17 5/15/17	5,000 1,920		5,000 1,920		0	0
191	2002 CADILLAC SEVILLE Sold/Scrapped: 6/02/17		1,720				_	
192	RESTORE SECURITY SYSTEM	8/24/16	22,670		22,670 1,461		0	1,889 195
193 195	AISLE SIGN FOR WAREHOUSE RESTORE LANDSCAPING	10/19/16 10/01/16	1,461 32,027		32,027	15 MO S/L	0	1,601
196	RESTORE PARKING LOT SEAL & STRI	10/01/16	12,089			15 MO S/L 40 MO S/L	0	604 1,585
197	RESTORE ROOF RESTORE POLISHED CONCRETE FLOO	10/01/16 10/01/16	84,532 62,078			10 MO S/L	0	4,656
199	RESTORE SIGN	10/01/16	21,113		21,113	7 MO S/L	0	2,262
200 201	FIRE SPRINKLER AIR CONDITIONING	10/01/16 10/01/16	25,129 66,357		25,129 66,357	40 MO S/L 10 MO S/L	0	471 4,977
	RIGHT TURN LANE	10/01/16	43,921		43,921	15 MO S/L	0	2,196
203	RESTORE A/V EQUIPMENT	10/01/16 10/01/16	10,019 10,138		10,019 10,138		0	1,503 1,521
204 205	RESTORE MONITORS 3 SAMSUNG 58"	10/10/16	1,494		1,494	5 MO S/L	0	224
206	LENOVO M700 TINY IE-6100T-MICHE		504 1,213		504 1,213		0	8
207	2016 Real Estate Taxes Total Other Depreciation	0/30/17	6,242,256		6,242,256	•	1,103,258	168,318
	Total Other Depreciation					•		
	Total ACRS and Other Depre	ciation	6,242,256		6,242,256		1,103,258	168,318
	Grand Totals		6,245,390		6,245,390)	1,105,243	168,527
	Less: Dispositions and Transf	ers	22,228		22,228		14,132	648
	Less: Start-up/Org Expense		6 222 162		6 223 162	-	1,091,111	167,879
	Net Grand Totals		6,223,162		6,223,162	:	1,071,111	107,079
I								

65-0230079

State Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
Prior 100	MACRS: WAREHOUSE IMPROVEMENTS	9/22/06	3,134	3,134	1,985	209	209	0
		= X =	3,134	3,134	1,985	209	209	0
		=						
	Depreciation:	C 10 4 10 0	0	0	0	0	0	0
27 30	1000 laser system CARGO TRAILER	6/24/02 12/24/02	0 1,500	0 1,500	0 1,500	0	0	0
31	1995 FORD TRUCK	2/04/03 3/14/03	9,489 585,417	9,489 585,417	9,489 0	0	0	0
33 37	LAND 1994 Ford F-150 truck	8/31/03	3,302	3,302	3,302	ő	ő	Ö
38	Sold/Scrapped: 2/17/17 6*12 Enclosed Trailer	11/18/03	2,122	2,122	2,122	0	0	0
39	Open Utility Trailer	11/20/03	1,400	1,400	1,400	0	0	0
49 54	1993 Ford Box Truck-Restore QB Restore Complex Improvements	2/12/04 6/30/04	6,000 24,679	6,000 24,679	6,000 6,787	617	617	0
55	Landscaping and other non-building improv	venhé0n1/04 2/28/05	16,026 590	16,026 590	5,008 590	401 0	401 0	0 0
57 58	TABLE SAW HALF MILE HAILER	5/16/05	456	456	456	0	0	0
59 61	TROY BILT GENERATOR WAREHOUSE RACKS	6/01/05 2/28/05	649 3,035	649 3,035	649 3,035	0	0	0 0
65	RESTORE BUILDING	6/30/05	2,003,036	2,003,036	550,835	50,076 0	50,076 0	0
71 72	FORKLIFT ELECTRIC PRESSURE WASHER	5/25/05 5/31/05	26,421 388	26,421 388	26,421 388	0	0	0
73 79	FORKLIFT ASSESSORIES 3 SAFES	6/17/05 5/17/05	4,148 720	4,148 720	4,148 720	0	0	0 0
81	ENCLOSED TRAILER	7/06/05	4,500	4,500	4,500	0	0	0
82 84	1996 CHEVY TRUCK LASER LEVEL	8/25/05 10/05/05	6,500 995	6,500 995	6,500 995	0	0	0
86	TRAILER	6/30/06	2,700	2,700	2,700 5,000	0	0	
87 88	2 GENERATORS ALUMINUM DOCKPLATE	6/30/06 7/07/05	5,000 564	5,000 564	564	0	0	0
90	STREET SWEEPER WAREHOUSE RACKS	8/31/05 7/21/05	7,500 28,440	7,500 28,440	7,500 28,440	0	0	
92 93	LOUNGE,LAUNDRY,ELECTRICAL	6/01/06	51,854	51,854	13,072	1,296	1,296	0
96 97	1993 FORKLIFT PROPANE CONTRUCTION TRAILER	2/05/07 3/27/07	5,000 2,700	5,000 2,700	5,000 2,700	0	0	0
104	2006 GMC BOX TRUCK	10/05/07	23,500	23,500	23,500 1,267	0	0	
105 108	RAMP/WALL TRACK FOR BOX TRUCK RAISER EDGE SOFTWARE	8/01/07	1,267 25,635	1,267 25,635	25,635	0	0	0
109	RAISER EDGE SOFTWARE RAISER EDGE SOFTWARE	8/06/07 9/11/07	1,956 4,770	1,956 4,770	1,956 4,770	0	0	
110 111	RAISER EDGE SOFTWARE	9/30/07	1,830	1,830	1,830	0	0	0
112 119		10/12/07 10/30/07	916 2,700	916 2,700	916 2,700	0	0	0
121	WAREHOUSE SHELVING	7/16/08	8,103	8,103	6,415 1,993	810 153	810 153	
122 124	PALLET RACKING - HC NET SOLUTIONS SOFTWARE	1/02/10 3/15/10	2,146 1,850	2,146 1,850	1,850	0	C	0
125	MICROSOFT OFFICE PRO 2007 (30 CO) 3 COMPUTERS	P 5/27/10 5/08/10	16,942 2,274	16,942 2,274	16,942 2,274	0	0	
127	3 COMPUTERS	6/30/10	2,164	2,164	2,164	0	0	0
130 131	2010 GMC SAVANA CARGO 2000 DODGE RAM 1500 VAN	11/03/10 3/01/11	24,433 1,200	24,433 1,200	24,433 1,200	0	C	0
132	FLOOR BUFFER	1/05/11	978	978 743	978 743	0	0	
135 136	WORKSTATION A1018 HC CASH REGISTER	4/01/11 6/30/11	743 820	820	820	0	C	0
137	2001 TOYOTA AVALON Sold/Scrapped: 1/06/17	8/11/11	7,805	7,805	7,805	0	C	0
139	1999 DODGE RAM REPAIRS	10/01/11	578	578	578	12 668	13 669	
141 142		9/01/11 9/30/11	95,678 2,534	95,678 2,534	66,064 1,720	13,668 362	13,668 362	2 0
143	COMPUTER - L GOODALL	9/01/11	670 4,044	670 4,044	647 3,842	23 202	23 202	
144 145	TRAINING WORKSTATIONS (6) POINT OF SALE HARDWARE	9/16/11 10/03/11	712	712	676	36	36	0
146	COMPUTER HC REGISTER 3 COMPUTER - S MONROE	3/09/12 5/03/12	580 659	580 659	503 549	77 110	77 110	
148	QB ENTERP	12/31/11	2,400	2,400	2,400	0	25,429	0
149 150		9/01/11 9/16/11	1,017,175 1,230	1,017,175 1,230	122,909 1,169	25,429 61	23,425	
1			-					

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	Date	01	Basis	State	State	Federal	Difference
Asset Description	In Service	Cost	for Depr	Prior	Current	Current	Fed - State
151 VIDEO WORKSTATION	9/16/11	1,093	1,093	1,038	55 645	55 645	0 0
152 SMART BOARDS (2)	9/16/11 9/16/11	12,900 3,858	12,900 3,858	12,255 3,665	645 193	193	0
153 CONF ROOM LCD SREENS (4) 154 CONF ROOM LAPTOPS (4)	9/16/11	2,236	2,236	2,124	112	112	0
155 NETWORK HARWARE & CABLING	9/16/11	7,748	7,748	7,361	387	387	ŏ
156 2013 HC BOX TRUCK	6/26/13	38,558	38,558	23,135	7,711	7,711	0
158 SERVER	9/04/12	4,561	4,561	3,497	912	912	0
160 desktop computers (3)	4/10/14	1,695	1,695	763	339	339	0
161 LOADING RAMP FOR 2013 HC BOX TR		1,623	1,623	947	325	325	0
162 2002 VOLVO V70	2/24/14	6,482	6,482	3,025	648	648	U
Sold/Scrapped: 1/12/17 164 desktop computer(1)	2/14/14	664	664	321	133	133	0
165 desktop computer (1)	1/15/14	603	603	302	120	120	0
166 desktop computer (1)	11/12/13	559	559	298	112	112	0
167 FURN UPHOLSTÈRY & MATTRESS CL	5/29/15	2,668	2,668	578	534	534	0
168 2000 DODGE GRAND CARAVAN	3/01/15	996	996	266	199	199	0
169 2015 RORU 16'	5/14/15	1,650	1,650	385 201	330 143	330 143	0
171 RESTORE POS SERVER	1/23/15 5/08/15	711 1,280	711 1,280	299	256	256	0
172 UNDERGROUND UTILITY MARKINGS 173 DURASTORM, GLASS IMPACT	6/11/15	11,358	11,358	308	284	284	ŏ
174 TILT MIRROR, GRAB BAR	6/17/15	827	827	165	166	166	0
175 ReSTORE PHASE 1 EXPANSION	6/30/15	245,173	245,173	6,129	6,130	6,130	0
176 ReSTORE PHASE 1 A/C	6/30/15	34,279	34,279	3,428	3,428	3,428	0
178 NESTAFLEX FLEXIBLE CONVEYOR	8/17/15	2,777	2,777	463	555	555	0
179 ReSTORE EXPANSION PHASE II	10/01/16	1,264,048	1,264,048	0 43	23,701 513	23,701 513	0
180 MS OFFICE PRO 2016 181 MS WINDOWS 2010	6/07/16 6/07/16	2,567 450	2,567 450	8	90	90	0
181 MS WINDOWS 2010 182 KATHY'S NEW CPU-NUC I3 KIT	2/15/16	550	550	46	110	110	ŏ
183 DESKTOP COMPUTER-DEVELOP ASSO		710	710	36	141	141	0
184 1740 10TH WAY-BLDG	5/31/16	66,647	66,647	108	1,666	1,666	0
185 1740 10TH WAY SW-LAND	5/31/16	48,300	48,300	0	0	0	0
186 2003 BLUE HONDA ODYSSEY	9/27/16	2,151	2,151	0	538	538	0
187 2005 BUICK RAINIER	11/02/16	3,732	3,732	0	829 0	829 0	0
188 1999 BMW 740IL	12/05/16	2,055	2,055	U	U	U	O
Sold/Scrapped: 2/01/17 189 1999 FORD CONTOUR	3/01/17	664	664	0	0	0	0
Sold/Scrapped: 3/27/17							_
190 1997 INTL UTILITY TRUCK 4900	4/17/17	5,000	5,000	0	0	0	0
191 2002 CADILLAC SEVILLE	5/15/17	1,920	1,920	0	0	0	0
Sold/Scrapped: 6/02/17		22 670	22.670	0	1,889	1,889	0
192 RESTORE SECURITY SYSTEM	8/24/16 10/19/16	22,670 1,461	22,670 1,461	0	1,009	1,889	0
193 AISLE SIGN FOR WAREHOUSE 195 RESTORE LANDSCAPING	10/19/16	32,027	32,027	ő	1,601	1,601	ŏ
196 RESTORE PARKING LOT SEAL & STRI		12,089	12,089	0	604	604	0
197 RESTORE ROOF	10/01/16	84,532	84,532	0	1,585	1,585	0
198 RESTORE POLISHED CONCRETE FLO	10/01/16	62,078	62,078	0	4,656	4,656	0
199 RESTORE SIGN	10/01/16	21,113	21,113	0	2,262	2,262	0
200 FIRE SPRINKLER	10/01/16	25,129	25,129 66,357	0	471 4,977	471 4,977	0
201 AIR CONDITIONING 202 RIGHT TURN LANE	10/01/16 10/01/16	66,357 43,921	43,921	0	2,196	2,196	ő
202 RIGHT TURN LANE 203 RESTORE A/V EQUIPMENT	10/01/16	10,019	10,019	ŏ	1,503	1,503	0
204 RESTORE POS	10/01/16	10,138	10,138	0	1,521	1,521	0
205 RESTORE MONITORS 3 SAMSUNG 58"	10/10/16	1,494	1,494	0	224	224	0
206 LENOVO M700 TINY IE-6100T-MICHEI		504	504	0	8	8	0
207 2016 Real Estate Taxes	6/30/17	1,213	1,213	0	0	0	0
Total Other Depreciation		6,241,261	6,241,261	1,102,263	168,318	168,318	0
· ·			-				
Total ACRS and Other Depre	ciation	6,241,261	6,241,261	1,102,263	168,318	168,318	0
Total ACRO and Other Depre							
Const. 1 Tradala		6,244,395	6,244,395	1,104,248	168,527	168,527	0
Grand Totals Less: Dispositions		22,228	22,228	14,132	648	648	0
Less: Dispositions Less: Start-up/Org Expense		0	0	0	0	0	0
Net Grand Totals		6,222,167	6,222,167	1,090,116	167,879	167,879	0
Tiet Grand Totals							

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				, 5				
Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
73301	Description	11.00.11.00						
<u>Prior</u> 100	MACRS: WAREHOUSE IMPROVEMENTS	9/22/06	3,134		3,134	15 HY S/L	1,985	209
	FURN UPHOLSTERY & MATTRESS CLI		2,668	X	1,798	5 MQ150DB	870	540
		207 - 202	5,802		4,932	_	2,855	749
		=	5,002	:		-		
	Depreciation: 1000 laser system	6/24/02	0		0	0 HY	0	0
30	CARGO TRAILER	12/24/02	ŏ		0	0 HY	0	0
31	1995 FORD TRUCK	2/04/03	9,489		9,489	5 MO S/L	9,489	0
	LAND	3/14/03 8/31/03	0		0	0 HY 0 HY	0	0
37	1994 Ford F-150 truck Sold/Scrapped: 2/17/17	0/31/03	U		U	0 111	_	
	6*12 Enclosed Trailer	11/18/03	0		0	0 HY	0	0
	Open Utility Trailer	11/20/03 2/12/04	0		0	0 HY 0 HY	0	0
	1993 Ford Box Truck-Restore QB Restore Complex Improvements	6/30/04	0		ŏ	0 HY	ő	0
55	Landscaping and other non-building improv	enil 60n1/04	0		0	0 HY	0	0
57	TABLE SAW	2/28/05	0		0	0 HY 0 HY	0 0	0
58 59	HALF MILE HAILER TROY BILT GENERATOR	5/16/05 6/01/05	0		0	0 HY	0	0
61	WAREHOUSE RACKS	2/28/05	0		0	0 HY	0	0
65	RESTORE BUILDING	6/30/05	0		0	0 HY 0 HY	0	0 0
71 72	FORKLIFT ELECTRIC PRESSURE WASHER	5/25/05 5/31/05	0		0	0 HY	ŏ	ŏ
73	FORKLIFT ASSESSORIES	6/17/05	Ö		0	0 HY	0	0
	3 SAFES	5/17/05	0		0	0 HY	0	0 0
81	ENCLOSED TRAILER	7/06/05 8/25/05	0		0	0 HY 0 HY	0	ő
82 84	1996 CHEVY TRUCK LASER LEVEL	10/05/05	0		ő	0 HY	0	0
86	TRAILER	6/30/06	0		0	0 HY	0	0 0
87	2 GENERATORS	6/30/06 7/07/05	0		0	0 HY 0 HY	0	ő
88 90	ALUMINUM DOCKPLATE STREET SWEEPER	8/31/05	0		ő	0 HY	0	0
92	WAREHOUSE RACKS	7/21/05	0		0	0 HY	0	0
	LOUNGE, LAUNDRY, ELECTRICAL	6/01/06	0 5,000		0 5,000	0 HY 5 MO S/L	5,000	ő
96 97	1993 FORKLIFT PROPANE CONTRUCTION TRAILER	2/05/07 3/27/07	2,700		2,700	5 MO S/L	2,700	0
104	2006 GMC BOX TRUCK	10/05/07	23,500		23,500	5 MO S/L	23,500	0
105	RAMP/WALL TRACK FOR BOX TRUCK	10/12/07	0		0	0 HY 0 HY	0	0
108 109	RAISER EDGE SOFTWARE RAISER EDGE SOFTWARE	8/01/07 8/06/07	0		ő	0 HY	ŏ	0
	RAISER EDGE SOFTWARE	9/11/07	0		0		0	0
	RAISER EDGE SOFTWARE	9/30/07	0		0		0	0
112	RAISER EDGE SOFTWARE SOLAR HOT WATER SYSTEM -CAV	10/12/07 10/30/07	0		0		ő	ŏ
	WAREHOUSE SHELVING	7/16/08	0		0		0	0
122	PALLET RACKING - HC	1/02/10	0		0		0	0
124	NET SOLUTIONS SOFTWARE MICROSOFT OFFICE PRO 2007 (30 CO	3/15/10 5/27/10	0		0		ő	ŏ
	3 COMPUTERS	5/08/10	0		0	0 HY	0	0
	3 COMPUTERS	6/30/10	0		0		0 0	0
130	2010 GMC SAVANA CARGO 2000 DODGE RAM 1500 VAN	11/03/10 3/01/11	0		0		ő	ŏ
	FLOOR BUFFER	1/05/11	ő		0		0	0
135	WORKSTATION A1018	4/01/11	0		0		0	0
	HC CASH REGISTER	6/30/11 8/11/11	0		0		0	ő
137	2001 TOYOTA AVALON Sold/Scrapped: 1/06/17		U		·			_
	1999 DODGE RAM REPAIRS	10/01/11	0		0		0	0
	NEW FACILITIES FURNITURE	9/01/11 9/30/11	0		0	1 1111	0	0
	MONUMENT SIGN COMPUTER - L GOODALL	9/01/11	0		0	0 HY	0	0
144	TRAINING WORKSTATIONS (6)	9/16/11	0		0		0	0
	POINT OF SALE HARDWARE	10/03/11 3/09/12	0		0		0	0
	COMPUTER HC REGISTER 3 COMPUTER - S MONROE	5/03/12	0		0	0 HY	0	0
148	QB ENTERP	12/31/11	0		0		0	0
149		9/01/11	0		0	0 HY	0	U
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Accet	Description	Date In Service	Cost	Sec 179Bonus	Basis for Depr	Per	Conv Meth	Prior	Curre	ent
Asset 150	TRAINING & BOARD ROOM CPU (2)	9/16/11	0	 . <u></u> 2 <u>3114</u> 0.	0		HY	()	0
151	VIDEO WORKSTATION	9/16/11	0		0	0	HY	()	0
	SMART BOARDS (2)	9/16/11 9/16/11	0		0		HY HY	(0 0
	CONF ROOM LCD SREENS (4) CONF ROOM LAPTOPS (4)	9/16/11	0		ŏ	0	HY	()	0
155	NETWORK HARWARE & CABLING	9/16/11	20.550		0 38,558		HY MO S/L	23,13	•	,711
	2013 HC BOX TRUCK SERVER	6/26/13 9/04/12	38,558 0		36,338		HY	23,13.		0
160	desktop computers (3)	4/10/14	0		0		HY	())	0
161 162	LOADING RAMP FÓR 2013 HC BOX TR 2002 VOLVO V70	2/24/14	0		0		HY HY)	0
102	Sold/Scrapped: 1/12/17						****	,		^
164	desktop computer(1)	2/14/14 1/15/14	0		0		HY HY))	0
165 166	desktop computer (1) desktop computer (1)	11/12/13	0		0	0	HY	()	0
168	2000 DODGE GRAND CARAVAN	3/01/15	0		0		HY HY))	0
	2015 RORU 16' RESTORE POS SERVER	5/14/15 1/23/15	0		0	0	HY)	0
172	UNDERGROUND UTILITY MARKINGS	5/08/15	0		0		HY))	0
	DURASTORM, GLASS IMPACT TILT MIRROR, GRAB BAR	6/11/15 6/17/15	0		0		HY HY)	0
	ReSTORE PHASE 1 EXPANSION	6/30/15	Ō		0	0	HY)	0
	RESTORE PHASE 1 A/C	6/30/15 8/17/15	0		0		HY HY))	0
178 179	NESTAFLEX FLEXIBLE CONVEYOR RESTORE EXPANSION PHASE II	10/01/16	0		0	0	HY)	0
180	MS OFFICE PRO 2016	6/07/16	0		0	-	HY HY))	0
181 182	MS WINDOWS 2010 KATHY'S NEW CPU-NUC I3 KIT	6/07/16 2/15/16	0		0		HY		Ö	0
183	DESKTOP COMPUTER-DEVELOP ASS	3/18/16	0		0		HY))	0
184 185	1740 10TH WAY-BLDG 1740 10TH WAY SW-LAND	5/31/16 5/31/16	0		0		HY HY		0	0
186	2003 BLUE HONDA ODYSSEY	9/27/16	0		0	_	HY		0	0
187	2005 BUICK RAINIER	11/02/16 12/05/16	0		0	_	HY HY		0 0	0
188	1999 BMW 740IL Sold/Scrapped: 2/01/17		_			_			0	
189	1999 FORD CONTOUR Sold/Scrapped: 3/27/17	3/01/17	0		C	_	HY		0	0
190	1997 INTL UTILITY TRUCK 4900	4/17/17	0		C		HY HY		0 0	0
191	2002 CADILLAC SEVILLE Sold/Scrapped: 6/02/17	5/15/17	U			, 0	11.1			
192	RESTORE SECURITY SYSTEM	8/24/16	0		(HY HY		0 0	0
193	AISLE SIGN FOR WAREHOUSE RESTORE LANDSCAPING	10/19/16 10/01/16	0 32,027		32,027		MO S/L			1,601
195 196	RESTORE PARKING LOT SEAL & STR		12,089		12,089	15	MO S/L		0	604
197	RESTORE ROOF RESTORE POLISHED CONCRETE FLO	10/01/16	84,532 0		84,532		MO S/L HY		0 : 0	1,585 0
198 199	RESTORE SIGN	10/01/16	0		(0 (HY		0	0
200	FIRE SPRINKLER	10/01/16 10/01/16	0		(HY HY		0 0	0
201 202	AIR CONDITIONING RIGHT TURN LANE	10/01/16	0		(0	HY		0	0
203	RESTORE A/V EQUIPMENT	10/01/16	0		(HY HY		0 0	0 0
204 205	RESTORE POS RESTORE MONITORS 3 SAMSUNG 58	10/01/16 '' 10/10/16	0		(0	HY		0	0
206	LENOVO M700 TINY IE-6100T-MICHE	L 5/26/17	Ő		(HY		0	0 0
207		6/30/17	0		207.80	_	HY	63,82	<u> </u>	1,501
1	Total Other Depreciation		207,895		207,895	_		03,82	1	1,501
	Total ACRS and Other Depre	eciation	207,895		207,895	5		63,82	4 1	1,501
	Grand Totals		213,697		212,82			66,67		2,250
1	Less: Dispositions and Trans	fers .	0			0		66.65	$\frac{0}{10}$ 1	2 250
	Net Grand Totals	;	213,697		212,82	<i>/</i>		66,67	= 1	2,250
1										

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Depreciation Adjustment Report

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FYE: 6/30/2017

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
MACR Page 1	<mark>S Adju</mark> 1	100	WAREHOUSE IMPROVEMENTS	209 209	209	0

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Future Depreciation Report FYE: 6/30/18

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Date In Description Tax AMT Service Cost Asset **Prior MACRS:** 209 9/22/06 3,134 209 100 WAREHOUSE IMPROVEMENTS 3.134 209 209 Other Depreciation: 1000 laser system 6/24/02 995 CARGO TRAILER 1,500 12/24/02 0 0 30 0 2/04/03 0 31 1995 FORD TRUCK 9,489 3/14/03 585,417 33 LAND 6*12 Enclosed Trailer 11/18/03 2,122 38 39 Open Utility Trailer 11/20/03 1,400 0 2/12/04 49 1993 Ford Box Truck-Restore QB 6,000 0 54 Restore Complex Improvements 6/30/04 24,679 617 55 Landscaping and other non-building improvemen 1/01/04 16,026 400 0 57 TABLE SAW 2/28/05 590 0 58 HALF MILE HAILER 5/16/05 456 0 59 6/01/05 649 0 TROY BILT GENERATOR 0 61 WAREHOUSE RACKS 2/28/05 3,035 0 2,003,036 65 RESTORE BUILDING 6/30/05 50,076 0 71 FORKLIFT ELECTRIC 5/25/05 26,421 0 0 72 PRESSURE WASHER 5/31/05 388 0 73 4,148 0 0 FORKLIFT ASSESSORIES 6/17/05 79 3 SAFES 5/17/05 720 0 81 **ENCLOSED TRAILER** 7/06/05 4,500 0 0 82 1996 CHEVY TRUCK 8/25/05 6,500 0 LASER LEVEL 10/05/05 995 84 6/30/06 2,700 0 0 86 TRAILER 87 2 GENERATORS 6/30/06 5,000 0 0 88 ALUMINUM DOCKPLATE 7/07/05 564 0 7,500 0 90 STREET SWEEPER 8/31/05 92 28,440 0 0 WAREHOUSE RACKS 7/21/05 1,296 6/01/06 51,854 0 93 LOUNGE, LAUNDRY, ELECTRICAL 96 1993 FORKLIFT PROPANE 2/05/07 5,000 0 CONTRUCTION TRAILER 0 0 97 3/27/07 2,700 0 104 2006 GMC BOX TRUCK 10/05/07 23,500 0 RAMP/WALL TRACK FOR BOX TRUCK 10/12/07 105 1,267 0 0 108 RAISER EDGE SOFTWARE 8/01/07 25,635 RAISER EDGE SOFTWARE RAISER EDGE SOFTWARE 8/06/07 1,956 0 109 9/11/07 4,770 110 0 0 111 RAISER EDGE SOFTWARE 9/30/07 1,830 916 0 0 RAISER EDGE SOFTWARE 10/12/07 112 2,700 10/30/07 0 0 119 SOLAR HOT WATER SYSTEM -CAV WAREHOUSE SHELVING 7/16/08 8,103 810 121 1/02/10 2,146 0 0 PALLET RACKING - HC 122 124 NET SOLUTIONS SOFTWARE 3/15/10 1,850 0 0 MICROSOFT OFFICE PRO 2007 (30 COPIES) 5/27/10 125 16,942 0 0 5/08/10 2,274 127 **3 COMPUTERS** 6/30/10 2,164 0 0 128 **3 COMPUTERS** 11/03/10 24,433 0 2010 GMC SAVANA CARGO 130 0 131 2000 DODGE RAM 1500 VAN 3/01/11 1,200 1/05/11 978 132 FLOOR BUFFER 743 0 135 WORKSTATION A1018 4/01/11 HC CASH REGISTER 6/30/11 820 0 136 0 0 1999 DODGE RAM REPAIRS 10/01/11 578 139 0 141 NEW FACILITIES FURNITURE 9/01/11 95,678 13,668 9/30/11 2,534 362 142 MONUMENT SIGN 143 COMPUTER - L GOODALL 9/01/11 670 0 144 TRAINING WORKSTATIONS (6) 9/16/11 4,044 0 0 145 POINT OF SALE HARDWARE 10/03/11 712 0 146 **COMPUTER HC REGISTER 3** 3/09/12 580 5/03/12 0 0 **COMPUTER - S MONROE** 659 147 0 148 **OB ENTERP** 12/31/11 2,400 0 149 9/01/11 1,017,175 25,429 0 Office & Training Center TRAINING & BOARD ROOM CPU (2) 0 1,230 0 150 9/16/11 151 VIDEO WORKSTATION 9/16/11 1,093

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		Date In			
Asset	Description	Service	Cost	Tax	AMT
152	SMART BOARDS (2)	9/16/11	12,900	0	0
153	CONF ROOM LCD SREENS (4)	9/16/11	3,858	0	0
154	CONF ROOM LAPTOPS (4)	9/16/11	2,236	0	0
155	NETWORK HARWARE & CABLING	9/16/11	7,748	0 7,712	0 7,712
156 158	2013 HC BOX TRUCK SERVER	6/26/13 9/04/12	38,558 4,561	152	7,712
160	desktop computers (3)	4/10/14	1,695	339	ő
161	LOADING RAMP FOR 2013 HC BOX TRUCK		1,623	324	Õ
164	desktop computer(1)	2/14/14	664	132	0
165	desktop computer (1)	1/15/14	603	121	0
166	desktop computer (1)	11/12/13	559	112	0
167	FURN UPHOLSTERY & MATTRESS CLEAN	5/29/15	2,668	533	437
168	2000 DODGE GRAND CARAVAN	3/01/15	996	199	0
169	2015 RORU 16'	5/14/15	1,650	330	0
171	RESTORE POS SERVER	1/23/15	711	142 256	0 0
172 173	UNDERGROUND UTILITY MARKINGS	5/08/15 6/11/15	1,280 11.358	284	0
173	DURASTORM, GLASS IMPACT TILT MIRROR, GRAB BAR	6/17/15	827	165	ő
175	ReSTORE PHASE 1 EXPANSION	6/30/15	245,173	6,129	ŏ
176	ReSTORE PHASE 1 A/C	6/30/15	34,279	3,428	0
178	NESTAFLEX FLEXIBLE CONVEYOR	8/17/15	2,777	556	0
179	ReSTORE EXPANSION PHASE II	10/01/16	1,264,048	31,601	0
180	MS OFFICE PRO 2016	6/07/16	2,567	514	0
181	MS WINDOWS 2010	6/07/16	450	90	0
182	KATHY'S NEW CPU-NUC 13 KIT	2/15/16	550	110	0
183	DESKTOP COMPUTER-DEVELOP ASSOC	3/18/16	710 66.647	142 1.666	0
184	1740 10TH WAY-BLDG	5/31/16 5/31/16	48,300	1,000	0
185 186	1740 10TH WAY SW-LAND 2003 BLUE HONDA ODYSSEY	9/27/16	2,151	717	ő
187	2005 BUICK RAINIER	11/02/16	3,732	1,244	Ö
190	1997 INTL UTILITY TRUCK 4900	4/17/17	5,000	0	Ō
192	RESTORE SECURITY SYSTEM	8/24/16	22,670	2,267	0
193	AISLE SIGN FOR WAREHOUSE	10/19/16	1,461	292	0
195	RESTORE LANDSCAPING	10/01/16	32,027	2,135	2,135
196	RESTORE PARKING LOT SEAL & STRIPE	10/01/16	12,089	806	806
197	RESTORE ROOF	10/01/16	84,532	2,113	2,113
198	RESTORE POLISHED CONCRETE FLOORS	10/01/16	62,078 21,113	6,208 3,016	0
199	RESTORE SIGN	10/01/16 10/01/16	25,129	628	0
200 201	FIRE SPRINKLER AIR CONDITIONING	10/01/16	66,357	6,635	ŏ
201	RIGHT TURN LANE	10/01/16	43,921	2,928	Ŏ
203	RESTORE A/V EQUIPMENT	10/01/16	10,019	2,004	0
204	RESTORE POS	10/01/16	10,138	2,027	0
205	RESTORE MONITORS 3 SAMSUNG 58" HD7	M 0/10/16	1,494	299	0
206	LENOVO M700 TINY IE-6100T-MICHELLE'S	5/26/17	504	101	0
207	2016 Real Estate Taxes	6/30/17	1,213	0	0
	Total Other Depreciation		6,220,028	181,115	13,203
			(aao occ	101 117	12.202
	Total ACRS and Other Depreciation		6,220,028	181,115	13,203
	Grand Totals		6,223,162	181,324	13,412

TRAINING & BOARD ROOM CPU (2)

VIDEO WORKSTATION

150

151

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Date In State AMT Description Service Cost Asset **Prior MACRS:** 3,134 209 209 9/22/06 WAREHOUSE IMPROVEMENTS 100 209 209 3,134 Other Depreciation: 1000 laser system 6/24/02 1,500 12/24/02 30 CARGO TRAILER 9,489 0 31 1995 FORD TRUCK 2/04/03 3/14/03 585,417 LAND 33 0 11/18/03 2,122 38 6*12 Enclosed Trailer 11/20/03 1,400 0 39 Open Utility Trailer 2/12/04 6.000 0 49 1993 Ford Box Truck-Restore QB 617 Restore Complex Improvements 6/30/04 24,679 54 Landscaping and other non-building improvemen 1/01/04 16,026 400 55 590 57 TABLE SAW 2/28/05 0 HALF MILE HAILER 0 5/16/05 456 58 6/01/05 649 0 59 TROY BILT GENERATOR 3,035 0 0 61 WAREHOUSE RACKS 2/28/05 2,003,036 50,076 6/30/05 RESTORE BUILDING 65 0 0 71 FORKLIFT ELECTRIC 5/25/05 26,421 0 0 5/31/05 388 72 PRESSURE WASHER 4,148 0 6/17/05 73 FORKLIFT ASSESSORIES 0 79 5/17/05 720 0 3 SAFES 4,500 0 0 7/06/05 81 **ENCLOSED TRAILER** 6,500 0 1996 CHEVY TRUCK 8/25/05 82 0 LASER LEVEL 10/05/05 995 84 0 6/30/06 2,700 86 **TRAILER** 6/30/06 5,000 0 n 87 2 GENERATORS ALUMINUM DOCKPLATE 7/07/05 564 88 7,500 0 90 STREET SWEEPER 8/31/05 7/21/05 28,440 0 0 92 WAREHOUSE RACKS LOUNGE, LAUNDRY, ELECTRICAL 6/01/06 51,854 1,296 93 0 5,000 1993 FORKLIFT PROPANE 2/05/07 0 96 0 0 3/27/07 2,700 97 CONTRUCTION TRAILER 104 2006 GMC BOX TRUCK 10/05/07 23,500 0 RAMP/WALL TRACK FOR BOX TRUCK 1,267 10/12/07 105 25,635 0 8/01/07 108 RAISER EDGE SOFTWARE RAISER EDGE SOFTWARE 8/06/07 1,956 0 0 109 9/11/07 4,770 110 RAISER EDGE SOFTWARE 0 0 RAISER EDGE SOFTWARE 9/30/07 1,830 111 0 0 10/12/07 916 RAISER EDGE SOFTWARE 112 2,700 0 10/30/07 119 SOLAR HOT WATER SYSTEM -CAV 7/16/08 8,103 810 WAREHOUSE SHELVING 121 2,146 1/02/10 0 122 PALLET RACKING - HC 0 124 NET SOLUTIONS SOFTWARE 3/15/10 1,850 n MICROSOFT OFFICE PRO 2007 (30 COPIES) 5/27/10 16,942 125 0 5/08/10 2,274 127 3 COMPUTERS 6/30/10 2,164 0 3 COMPUTERS 128 11/03/10 24.433 130 2010 GMC SAVANA CARGO 2000 DODGE RAM 1500 VAN 0 n 131 3/01/11 1,200 0 1/05/11 978 FLOOR BUFFER 132 0 743 135 WORKSTATION A1018 4/01/11 6/30/11 820 0 0 HC CASH REGISTER 136 0 578 10/01/11 139 1999 DODGE RAM REPAIRS 95,678 NEW FACILITIES FURNITURE 9/01/11 13,668 141 9/30/11 2,534 362 142 MONUMENT SIGN 0 0 143 COMPUTER - L GOODALL 9/01/11 670 0 TRAINING WORKSTATIONS (6) 9/16/11 4,044 0 144 10/03/11 712 0 145 POINT OF SALE HARDWARE 0 COMPUTER HC REGISTER 3 3/09/12 580 0 146 5/03/12 659 0 **COMPUTER - S MONROE** 147 0 2,400 148 **OB ENTERP** 12/31/11 n 9/01/11 1,017,175 25,429 Office & Training Center 149

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1,230

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9/16/11

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FYE: 6/30/18

Date In Cost State **AMT** Service Asset Description 12,900 0 SMART BOARDS (2) 9/16/11 152 0 3,858 0 CONF ROOM LCD SREENS (4) 9/16/11 153 0 9/16/11 2,236 0 154 CONF ROOM LAPTOPS (4) 0 7,748 0 NETWORK HARWARE & CABLING 9/16/11 155 7,712 7,712 6/26/13 38,558 2013 HC BOX TRUCK 156 152 0 **SERVER** 9/04/12 4,561 158 339 0 desktop computers (3) LOADING RAMP FOR 2013 HC BOX TRUCK 1,695 4/10/14 160 8/02/13 1,623 324 0 161 664 132 0 2/14/14 desktop computer(1) 164 0 1/15/14 603 121 desktop computer (1) 165 11/12/13 559 0 112 desktop computer (1) 166 533 437 FURN UPHOLSTÈRY & MATTRESS CLEAN 2,668 5/29/15 167 996 199 0 2000 DODGE GRAND CARAVAN 3/01/15 168 0 1,650 330 2015 RORU 16' 5/14/15 169 0 RESTORE POS SERVER 1/23/15 711 142 171 UNDERGROUND UTILITY MARKINGS 5/08/15 1,280 256 172 284 0 DURASTORM, GLASS IMPACT 6/11/15 11,358 173 0 827 165 6/17/15 TILT MIRROR, GRAB BAR 174 6,129 6/30/15 245,173 175 ReSTORE PHASE 1 EXPANSION 0 6/30/15 34,279 3,428 ReSTORE PHASE 1 A/C 176 556 0 2,777 NESTAFLEX FLEXIBLE CONVEYOR 8/17/15 178 0 31,601 179 ReSTORE EXPANSION PHASE II 10/01/16 1,264,048 514 6/07/16 2,567 MS OFFICE PRO 2016 180 0 6/07/16 450 90 MS WINDOWS 2010 181 0 KATHY'S NEW CPU-NUC 13 KIT 110 2/15/16 550 182 710 142 DESKTOP COMPUTER-DEVELOP ASSOC 3/18/16 183 0 5/31/16 66,647 1,666 1740 10TH WAY-BLDG 184 48,300 0 5/31/16 185 1740 10TH WAY SW-LAND 717 0 2,151 2003 BLUE HONDA ODYSSEY 9/27/16 186 0 11/02/16 3,732 1,244 187 2005 BUICK RAINIER 0 5,000 4/17/17 1997 INTL UTILITY TRUCK 4900 190 2,267 0 RESTORE SECURITY SYSTEM 8/24/16 22,670 192 292 0 10/19/16 1,461 193 AISLE SIGN FOR WAREHOUSE 32,027 2,135 2,135 RESTORE LANDSCAPING 10/01/16 195 12,089 806 806 RESTORE PARKING LOT SEAL & STRIPE 10/01/16 196 2,113 2,113 84,532 197 RESTORE ROOF 10/01/16 0 RESTORE POLISHED CONCRETE FLOORS 6,208 10/01/16 62,078 198 10/01/16 21,113 3,016 0 199 RESTORE SIGN 25,129 628 10/01/16 200 FIRE SPRINKLER 66,357 6,635 0 10/01/16 AIR CONDITIONING 201 43,921 2,928 RIGHT TURN LANE 10/01/16 202 0 RESTORE A/V EQUIPMENT 10/01/16 10,019 2,004 203 0 10.138 2,027 10/01/16 204 **RESTORE POS** 1,494 0 RESTORE MONITORS 3 SAMSUNG 58" HDTM0/10/16 299 205 0 504 101 LENOVO M700 TINY IE-6100T-MICHELLE'S 5/26/17 206 1,213 0 2016 Real Estate Taxes 6/30/17 207 6,219,033 181,115 13,203 **Total Other Depreciation**

Total ACRS and Other Depreciation

Grand Totals

13,203 181,115 6,219,033

6,222,167 181,324 13,412