Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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.

Go to www.irs.gov/Form990 for instructions and the latest information.



<u>A</u>	For th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and	ending J	UN 30, 2019		
B	Check if applicat	C Name of organization		D Employer ide	ntifi	cation number
, 		SS				
	chan					
	_ chan			1		050021
	_]returr]Final	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone nur	nbe	r
	lreturr∟ termi					
_	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		24,952,394.
-	returr Appli		·	H(a) Is this a grou		
L	_tiòn pendi	F Name and address of principal officer: HEATHER DAFFERTT		for subordin		
				H(b) Are all subordina		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (te: WWW.HABITATMETRODENVER.ORG	or 527	4 '		list. (see instructions)
		forganization: X Corporation Trust Association Other	L. Veen	H(c) Group exem		
	art I	Summary	L Year	of formation: 1979	10	VI State of legal domicile: CO
	1	Briefly describe the organization's mission or most significant activities: HABITA	T FOR HIM	ANTTY BRINGS		
e	1'	PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE.				
Governance	2	Check this box	ad of more	than 25% of its not		
Veri	3				3 3	22
Ő	4	Number of independent voting members of the governing body (Part VI, line 1a)			4	22
త	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			4 5	210
itie	6	Total number of volunteers (estimate if necessary)			6	10794
Activities &	-	Total unrelated business revenue from Part VIII, column (C), line 12			0 7a	0.
Ă		Net unrelated business taxable income from Form 990-T, line 38			7b	0.
				Prior Year	10	Current Year
	8	Contributions and grants (Part VIII, line 1h)		9,612,78	36.	6,061,133.
Revenue	9	Program service revenue (Part VIII, line 2g)		6,774,65		11,243,140.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		719,73		153,931.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,803,01		6,964,827.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,910,18		24,423,031.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		261,81	L6.	257,048.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,815,60	00.	7,586,344.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)				
யி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,608,09	98.	13,079,390.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,685,51	14.	20,922,782.
	19	Revenue less expenses. Subtract line 18 from line 12		4,224,67	74.	3,500,249.
ro Ses				ginning of Current Ye	ear	End of Year
sets	20	Total assets (Part X, line 16)		47,762,42	28.	46,344,075.
Asid	21	Total liabilities (Part X, line 26)		18,102,57	12.	13,134,973.
Fin	20 21 22	Net assets or fund balances. Subtract line 21 from line 20		29,659,85	56.	33,209,102.
Pa	nrt II	Signature Block				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best o	f my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer			
		xleax maller			11	4
Sig	ר	Signature of officer		Date		

Here	HEATHER LAFFERTY, CEO	<u>)</u>		
	Type or print name and title	-		
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	CRAIG R. CHOUN	CRAIG R. CHOUN	11/08/19	self-employed P00173718
Preparer	Firm's name 🍃 PLANTE & MORAN, PLLC		Firr	n's EIN 🕨 38-1357951
Use Only	Firm's address 🕨 8181 E TUFTS AVE, SUITE	600		
	DENVER, CO 80237		Pho	one no.303-740-9400
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Ves No

	990 (2018) INC. t III Statement of Program Service Accomplishments	74-2050021 Page
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS	
	PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	accourad by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
		s, the total expenses, and
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$ 13,790,850including grants of \$257,048) (Revenue)	↑ 17 056 4 97
4a	HABITAT FOR HUMANITY OF METRO DENVER, INC. IS A HOMEOWNERSHIP PROGRAM.	e\$1,000,407.
	WE BUILD NEW AND REHABILITATE EXISTING HOMES TO SELL TO PARTNER	
	FAMILIES WHOSE INCOME IS 80% OR LESS OF THE AVERAGE MEDIAN INCOME.	
	THROUGH THE NEIGHBORHOOD REVITALIZATION PROGRAM. WE ALSO PROVIDE	
	CRITICAL EXTERIOR REPAIRS TO QUALIFYING HOMEOWNERS. THESE APPLICANTS GO THROUGH A SCREENING PROCESS AND PARTICIPATE IN BUILDING OR REPAIRING	
	THEIR HOME. IN FY19, HABITAT BUILT AND SOLD 29 HOMES AND 13 RENOVATED	
	HOMES AND CONTINUED THE HOME REPAIR PROGRAM WITH 74 HOMES UPON	
	COMPLETION OF THEIR SWEAT EQUITY. THE 42 SOLD OR RENOVATED HOMES	
	PROVIDE AFFORDABLE HOUSING TO APPROXIMATELY 150 ADULTS AND CHILDREN.	
	CONTINUED ON SCHEDULE O.	
4b		e \$
	THE HABITAT RESTORES SUPPLY NEW AND USED BUILDING MATERIALS DONATED BY	
	INDIVIDUALS, MANUFACTURERS, BUSINESSES AND CONTRACTORS AT AFFORDABLE	
	PRICES TO THE METRO DENVER COMMUNITY. THE RESTORES SUPPORT THE	
	DEVELOPMENT OF DECENT AFFORDABLE HOUSING FOR HARD-WORKING, LOW-INCOME	
	FAMILIES. WE KEEP VALUABLE ITEMS OUT OF LANDFILLS, RECYCLE USABLE	
	GOODS, SUPPORT THE VISION OF ERADICATING POVERTY HOUSING AND OFFER	
	OPPORTUNITIES FOR INDIVIDUALS AND GROUPS TO VOLUNTEER.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	e\$
	Other program services (Describe in Schedule O.)	
4d		1
	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 18,137,831.	, Form 990 (2018

Form	990 (2018) INC. 74-20500	21	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	o		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		х	
	If "Yes," complete Schedule D, Part IV	9	Δ	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	—		
10		18	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
19		40		x
00-	complete Schedule G, Part III	19		x
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	
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Form	990 (2018) INC. 74-205002	1	P	_{age} 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		056		x
06	Schedule L, Part I	25b		- 23
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,"			x
	complete Schedule L, Part II	26		^
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	х	
Par		-		
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 104			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ŭ	(gambling) winnings to prize winners?	1c	х	
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				()

Form	990 (2018) INC.	74-205002	1	Р	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
				Yes	No							
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	2a 210										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b	X								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
			3a 3b		X							
	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 account)?											
b	If "Yes," enter the name of the foreign country:											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).										
5a			<u>5a</u>		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>									
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?		<u>6a</u>		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts										
	were not tax deductible?		6b									
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor?	7a	X								
b			7b	Х								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•										
	to file Form 8282?		7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		77							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the										
			8									
9	Sponsoring organizations maintaining donor advised funds.											
а			9a									
b			9b									
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-									
b		10b	-									
11	Section 501(c)(12) organizations. Enter:											
a	Gross income from members or shareholders	<u>11a</u>	-									
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10									
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>									
	Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I										
	organization is licensed to issue qualified health plans	13b	-									
C	Enter the amount of reserves on hand	13c	44.		v							
14a		•	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner.				v							
	excess parachute payment(s) during the year?		15		X							
10	If "Yes," see instructions and file Form 4720, Schedule N.		40		x							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16									
	If "Yes," complete Form 4720, Schedule O.			. 000	1							

5

Form **990** (2018)

832005 12-31-18

	RABITAT FOR ROMANTIT OF METRO DENVER,			
Form	1990 (2018) INC. 74-2050		P	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
_		~ <u> </u>	Yes	No
1 a		2		
	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 0.			
		2		
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 supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_ .		x
•	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:	0	x	
a	The governing body?	<u>8a</u>	X	
a	Each committee with authority to act on behalf of the governing body?	8b	А	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	Tes	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		<u> </u>
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	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	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		<u> </u>
•	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	х	
	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 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)(3)s only)	availal	ole
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRUCE GODFREY - 303-534-2929			
	3245 ELIOT STREET, DENVER, CO 80211			
832006	6 12-31-18	Forn	1 990	(2018)
	6			

orm 990 (2018) INC.	74-2050021	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

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

		T	mza			iper	our			(=)
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per					s both pr/trus		compensation	compensation	amount of
	week						,	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-10130)	organization
	organizations	ruste	l trus		ee	npen		(00-2/1033-10130)		and related
	below	dual t	Itiona		nploy	st cor	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) REV. DR. JAMES E. FOUTHER, JR.	5.00				×	1	ш.			
PRESIDENT		х		x				٥.	0.	0.
(2) JAVAN OTTOSON	5.00									
VICE PRESIDENT		х		х				٥.	0.	0.
(3) GRETCHEN LENAMOND	5.00									
TREASURER		х		x				٥.	0.	0.
(4) MICHAEL R. MILLER	5.00									
SECRETARY		х		х				0.	0.	0.
(5) KELLY BROUGH	1.00									
MEMBER		х						0.	Ο.	0.
(6) ANDRES G. CHAPARRO	1.00									
MEMBER		х						0.	0.	0.
(7) JAY COYLE	1.00									
MEMBER		х						0.	0.	0.
(8) IVETTE DOMINGUEZ	1.00									
MEMBER		х						0.	Ο.	0.
(9) ETHAN ELZEN	1.00									
MEMBER		х						0.	0.	0.
(10) JOHN FENLEY	1.00									
MEMBER		х						0.	Ο.	0.
(11) GAIL FRITZINGER	1.00									
MEMBER		х						0.	0.	0.
(12) MATTHEW HANSON	1.00									
MEMBER		х						0.	Ο.	0.
(13) JEREMY HELD	1.00									
MEMBER		х						0.	Ο.	0.
(14) JOSHUA HUNT	1.00									
MEMBER		х						0.	0.	0.
(15) BRADY KELLOGG	1.00									
MEMBER		х						٥.	0.	0.
(16) J. CHRISTOPHER KINSMAN	1.00									
MEMBER		х						0.	0.	0.
(17) KIM KUCERA	1.00									
MEMBER		х						0.	0.	0.
832007 12-31-18										Form 990 (2018)

Form 990 (2018)

7

HABITAT FOR H	IUMANITY OF	ME	TRO	DE	NVE	ER,						
Form 990 (2018) INC.									74-205002	21	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	notic	Pos			ne	Reportable	Reportable	E	stimate	ed
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	ar	nount	of
	week		cer ar		irecto	or/trus	tee)	from	from related		other	
	(list any hours for	recto						the	organizations		ipensa	
	related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom th	
	organizations	rustee	trust		ee	npens		(00-2/1099-0015C)		۲ ×	janizat d relat	
	below	dual ti	tiona		Vold	st cor	-				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former					
(18) KEITH LOBIS	1.00											
MEMBER		х						0.	0.			0.
(19) ANN PADILLA-PARRAS	1.00											
MEMBER		х						0.	0.			0.
(20) SANDRA SCANLON	1.00											
MEMBER		Х						0.	0.			0.
(21) MARIJN SMIT	1.00											
MEMBER		Х						0.	0.			0.
(22) CRIS WHITE	1.00											
MEMBER		х						٥.	0.			0.
(23) HEATHER LAFFERTY	40.00											
CEO/ EXECUTIVE DIRECTOR				х				154,688.	0.		12,	923.
(24) MIKE CRINER	40.00											
CHIEF OPERATING OFFICER				X				131,850.	0.		11,	264.
(25) LORI PIDICK	40.00											
CHIEF DEVELOPMENT OFFICER				X				127,100.	0.		10,	520.
(26) BRUCE GODFREY	40.00											
CFO				X				103,365.	0.	<u> </u>		984.
1b Sub-total								517,003.	0.	\vdash	45,	691.
c Total from continuation sheets to Part VI								0.	0.	_		0.
d Total (add lines 1b and 1c)								517,003.	0.		45,	691.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wh	o re	eceived more than \$100,0	000 of reportable			
compensation from the organization												4
											Yes	No
3 Did the organization list any former officer,	-		e, ke	ey en	nplo	oyee,	or	highest compensated en	ployee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	-				-			•		-		v
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedul	e J f	or si	ıch i	pers	ion .				5		X
1 Complete this table for your five highest con	moonootod inc	lono	ndo	nt or	ontre	ooto	n th	hat reacived more than ¢	100 000 of componen	tion fr		
the organization. Report compensation for t											UIII	
(A)	ine calendar ye		nui	ig w		51 001		(B)			C)	
רא) Name and business	address							Description of se	ervices	Compe		n
ARAPAHOE CONCRETE INC												
PO BOX 470550, AURORA, CO 80047								CONCRETE			484.	511.
3-D PLUMBING INC											,	
12187 W CRESTLINE DR, LITTLETON, CO 8	30127							PLUMBING			316,	825.
JBS PIPELINE CONTRACTORS								PIPELINE, PAVING, 1	ELECTRICAL		,	
8600 VERBENA ST, COMMERCE CITY, CO 80	022							CONDUIT			307,	944.
QUICK'S HOE & LANDSCAPE SERVICE INC												
1460 E 64TH AVE, DENVER, CO 80229								LANDSCAPING			263,	800.
EASTSIDE HEATING & AIR CONDITIONING												

\$100,000 of compensation from the organization

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

206,335.

832008 12-31-18

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10381 E 106TH AVE, BRIGHTON, CO 80601

8 2018.05000 HABITAT FOR HUMANITY OF M 4207-001

HVAC

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Form 990 INC.									74-20500)21				
	Content A. Chicolo, Breeters, Hustees, Key Employees, and Highest Con													
(A)	(B)		(C) Position					(D)	(E)	(F)				
Name and title	Average hours					app	lv)	Reportable compensation	Reportable compensation	Estimated amount of				
	per						'y)	from	from related	other				
	week					yee		the	organizations	compensation				
	(list any	rector				emplo		organization	(W-2/1099-MISC)	from the				
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related				
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations				
	below	vidual	tution	er	Key employee	lest co	ner			0				
	line)	Indi	Insti	Officer	Key	High	Former							
(27) MARIA SEPULVEDA	40.00													
VP OF COMMUNITY & GOV PARTNERSHIPS (х				0.	0.	0.				
		•												
		1												
		1												
		1												
		1												
	1	L	L	I	I	1	1							
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>							
· · · · · · · · · · · · · · · · · · ·														

832201 04-01-18

art V		Statement of Reven	ue					21 Pag
		Check if Schedule O cont		or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
2 1	а	Federated campaigns	1a					
		Membership dues						
	с	Fundraising events	1c	304,611.				
5		Related organizations						
	е	Government grants (contribut	ons) 1e	276,583.				
	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abor	/e 1f	5,479,939.				
		Noncash contributions included in lines	-					
5	h	Total. Add lines 1a-1f			6,061,133.			
				Business Code	6 486 680	6 486 680		
2		HOME SALES MORTGAGE INTEREST INCO		531390	6,476,679.	6,476,679.		
2	~	MORTGAGE INTEREST INCO		525990	4,766,461.	4,766,461.		
	c							+
5	d							
	e f	All other program service reve	200					
		Total. Add lines 2a-2f			11,243,140.			
3	9	Investment income (including						
Ŭ		other similar amounts)	,	,	80,770.			80,7
4		Income from investment of tax						,
5		Royalties		· · · ·				
		,	(i) Real	(ii) Personal				
6	а	Gross rents	66,780.					
		Less: rental expenses	0.					
	с	Rental income or (loss)	66,780.					
	d	Net rental income or (loss)		►	66,780.			66,7
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	75,985.					
	b	Less: cost or other basis						
		and sales expenses	0.	· · · ·				
		Gain or (loss)	75,985.	· · · · ·	F2 1 C 1			 1
		Net gain or (loss)		•••••••••••••••••••••••••••••••••••••••	73,161.			73,1
8	а	Gross income from fundraising						
		including \$ 304						
		contributions reported on line	-	11,110.				
	h	Part IV, line 18 Less: direct expenses		24,027.				
		Net income or (loss) from func		, · · ·	-12,917.			-12,9
		Gross income from gaming ac						,
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	a	6,315,869.				
1	b	Less: cost of goods sold	b	502,512.				
	с	Net income or (loss) from sale			5,813,357.			5,813,3
		Miscellaneous Revenu	e	Business Code				
11	-	FORGIVENESS OF DEBT		900099	1,056,100.			1,056,1
1	b	OTHER INCOME		900099	41,507.			41,5
1	с							
1		All other revenue			1 000 000			
	е	Total. Add lines 11a-11d		N	1,097,607.	11 040 140	^	7 110 7
12		Total revenue. See instructions		🕨	24,423,031.	11,243,140.	0	. 7,118,7

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2018.05000 HABITAT FOR HUMANITY OF M 4207-001

INC.

Form 990 (2018) 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 respons	e or note to any line in t	his Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b. 9b. and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21	257,048.	257,048.		
2	Grants and other assistance to domestic	,	,		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	562,694.	183,985.	199,186.	179,523.
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,399,770.	5,214,935.	597,399.	587,436.
7		0,000,000	5,211,555.		
8	Pension plan accruals and contributions (include	153,589.	118,015.	16,895.	18,679.
~	section 401(k) and 403(b) employer contributions)	32,106.	18,015.	22,509.	-8,593.
9	Other employee benefits	438,185.	/	/	49,606.
10	Payroll taxes	430,103.	339,738.	48,841.	49,000.
11	Fees for services (non-employees):				
a					
b		05 550	01 520	51 504	0.445
С	Accounting	95,759.	21,730.	71,584.	2,445.
d	, , , , , , , , , , , , , , , , , , ,	2,120.	2,120.		
е	, E				
f	Investment management fees	64,418.		64,418.	
g					
	column (A) amount, list line 11g expenses on Sch 0.)	214,204.	69,685.	129,114.	15,405.
12	Advertising and promotion	230,457.	20,406.	1,125.	208,926.
13	Office expenses	414,952.	344,409.	41,974.	28,569.
14	Information technology	177,147.	148,339.	14,449.	14,359.
15	Royalties				
16	Occupancy	851,768.	819,032.	17,342.	15,394.
17	Travel	64,013.	29,445.	30,232.	4,336.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	250,319.	165,897.	74,980.	9,442.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	295,055.	255,500.	24,664.	14,891.
23	Insurance	301,589.	244,041.	31,651.	25,897.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COST OF HOMES SOLD	8,867,466.	8,865,845.		1,621.
b	OTHER CONSTRUCTION COST	349,837.	332,048.		17,789.
c	VEHICLE EXPENSE	233,941.	233,833.		108.
d	VOLUNTEER EXPENSE	199,538.	199,192.	278.	68.
e	All other expenses	466,807.	254,398.	136,624.	75,785.
25	Total functional expenses. Add lines 1 through 24e	20,922,782.	18,137,831.	1,523,265.	1,261,686.
26	Joint costs. Complete this line only if the organization	, ,	, = , = .	, ,	,= , •
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ouooationai oampaign anu tunuraising sonotation.				
	Check here if following SOP 98-2 (ASC 958-720)		I	1	

	990 (2 t X	Balance Sheet					050021 Page 1
		Check if Schedule O contains a response or not	<u>e to any line</u> i	n this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,107,210.	1	4,773,424
	2	Savings and temporary cash investments			424,736.	2	298,664
	3			581,249.	3	319,743	
	4	Accounts receivable, net			50,844.	4	144,884
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ted employed	es. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B)	, and contributing			
		employers and sponsoring organizations of sect					
s.		employees' beneficiary organizations (see instr).	Complete Pa	art II of Sch L		6	
Assets	7	Notes and loans receivable, net			15,880,116.	7	16,117,133
As		Inventories for sale or use			283,629.	8	316,917
	9				142,511.	9	438,619
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,307,029.			
	b	Less: accumulated depreciation		2,364,965.	3,982,507.	10c	3,942,064
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			4,756,346.	12	3,881,453
	13	Investments - program-related. See Part IV, line	11		8,642,762.	13	2,904,19
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			9,910,518.	15	13,206,979
	16	Total assets. Add lines 1 through 15 (must equa			47,762,428.	16	46,344,075
	17	Accounts payable and accrued expenses			1,019,195.	17	1,200,600
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I			264,125.	21	363,580
s	22	Loans and other payables to current and former	officers, dire	ctors, trustees,			
Liabilities		key employees, highest compensated employee	s, and disqua	alified persons.			
abil		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela	ted third part	ies	15,914,521.	23	8,801,704
	24	Unsecured notes and loans payable to unrelated			709,244.	24	2,567,419
	25	Other liabilities (including federal income tax, pa	yables to rela	ted third			
		parties, and other liabilities not included on lines	17-24). Com	plete Part X of			
		Schedule D			195,487.	25	201,664
	26	Total liabilities. Add lines 17 through 25			18,102,572.	26	13,134,973
		Organizations that follow SFAS 117 (ASC 958), check here	e ▶ 🗴 and			
ŝ		complete lines 27 through 29, and lines 33 an	d 34.				
ů Ľ	27	Unrestricted net assets			27,752,431.	27	30,180,607
ala	28	Temporarily restricted net assets			1,907,425.	28	3,028,495
d B	29	Permanently restricted net assets				29	
ЪЦ		Organizations that do not follow SFAS 117 (A	SC 958), che	ck here 🕨 🗌			
P.		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			29,659,856.	33	33,209,102
	34				47,762,428.	34	46,344,075

832011 12-31-18

HABITAT	FOR	HUMANITY	OF	METRO	DENVER
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	HABITAT FOR HUMANITY OF METRO DENVER,				
Forn	1990 (2018) INC.	74-20500	21	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	,423,	031.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20	,922,	782.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,500,	249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29	,659,	856.
5	Net unrealized gains (losses) on investments	5		48,	997.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	33	,209	102.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

832012 12-31-18

S	HED	OULE A								OMB No. 1545-0047
(Fo	orm 99	0 or 990-EZ)			rity Status an					2010
			Co	• •	nization is a section 501 47(a)(1) nonexempt cha			or a section		ZU 10
		f the Treasury nue Service			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
					v/Form990 for instructio	ons and th	ne latest in	nformation.	Employer	Inspection identification number
INdi		he organizati	INC.	T FOR HUMANITY	OF METRO DENVER,				Employer	74-2050021
Pa	art I	Reason		Charity Status	All organizations must co	omplete th	is part.) Se	e instruction	l S.	74 2030021
					For lines 1 through 12, c					
1			-	-	on of churches described	-		I)(A)(i).		
2					Attach Schedule E (Forn					
3					anization described in se			ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6			· -	-	nental unit described in					
7	X	-		-	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general (public described in
•		-		complete Part II.)						
8	\square	-			(1)(A)(vi). (Complete Par		ad in anni	nation with a	land arout	
9		-	-	-	in section 170(b)(1)(A)(ulture (see instructions).		-		-	-
		university:	n a non-ianu-g	grant conege of agric			name, city	, and state of	the college	
10			on that norma	Illy receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns. members	hip fees. an	d gross receipts from
					ct to certain exceptions,					
					(less section 511 tax) fro					-
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		7	-		f supporting organizatior		-		-	
â				-	upervised, or controlled	• • • •	-			
			0		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
k				complete Part IV, Se	l or controlled in connect	ion with it	e cupporte	d organizatio	n(c) by bo	ina
				-	anization vested in the sa			-		•
			U	at complete Part IV,					ge the cup	
c	:	¬ ~	.,	•	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
		its supporte	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.	, ,	·
c	ı 🗌	Type III no	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		¬ ·			nplete Part IV, Sections					
e			•		written determination fro			Туре I, Туре	II, Type III	
					nally integrated supportion	ng organiz	ation.			
1		er the number of the following			d organization(o)					
`		i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tot	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 INC.

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.)

Section A. Public Support **(a)** 2014 (e) 2018 Calendar year (or fiscal year beginning in) 🕨 (b) 2015 (c) 2016 (d) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 7,604,556. 2,398,760 5,695,674 9,612,786. 6,061,133 31,372,909. 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 5,695,674 7 604 556 2,398,760, 9,612,786, 6.061.133. 31,372,909. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 667,381. 30,705,528. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(e)** 2018 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (f) Total 7,604,556. 2,398,760. 5,695,674, 9,612,786. 6,061,133. 31,372,909. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 86,979 375,493 156,649 357,927. 147,550 1,124,598. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 30,629. 12,291 16,511, 56,714. 1,097,607 1,213,752. 33,711,259. **11 Total support.** Add lines 7 through 10 51,676,017. 12 **12** Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here ► Section C. Computation of Public Support Percentage 91.08 14 % 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2017 Schedule A, Part II, line 14 94.78 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

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Page **2**

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Schedule A (Form 990 or 990-EZ) 2018 INC.

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

74-2050021 Page **3**

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		Γ	T			
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•					•
0.0	check this box and stop here						<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2018 (li					15	%
	Public support percentage from 2017 ction D. Computation of Inves					16	%
	•			ing 12 column (f))		17	04
	Investment income percentage for 20					18	<u>%</u> %
	Investment income percentage from 2 33 1/3% support tests - 2018. If the			on line 14 and lin			
196	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2017. If the						► □
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 10-11-18			,			m 990 or 990-EZ) 2018

¹⁶ 2018.05000 HABITAT FOR HUMANITY OF M 4207-001

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Sche	dule A (Form 990 or 990-EZ) 2018 INC.	74 - 2050021	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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		
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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360			Vee	Na
4	Were a majority of the examination's directors or tructure during the tay year also a majority of the directors		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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	i		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	/ (see instructions))	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		
b	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.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

HABTTAT	FOR	HUMANITY	OF	METRO	DENVER
			•-		

	HABITAT FOR HUMANITY OF METRO DENV	'ER,		
Sche	dule A (Form 990 or 990-EZ) 2018 INC.			74-2050021 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a nen functional	ly intograt	ad Type III supporting are	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Sche Pai	dule A (Form 990 or 990-EZ) 2018 INC. t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	74-2050021 Page 7
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
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 th	e organization is responsive		
-	(provide details in Part VI). See instructions.	ie elgamination le reeperterre		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
U	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
•				
8	Breakdown of line 7: Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			(Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OT	HER INCOME:	
OTHER INCOME		
2014 AMOUNT: \$ 30,629.		
2015 AMOUNT: \$ 12,291.		
2016 AMOUNT: \$ 16,511.		
2017 AMOUNT: \$ 56,714.		
2018 AMOUNT: \$ 1,097,607.		

09221108 147228 4207-00

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Na

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

ntification number

Name of the organiza	ation	Employer identification number
	HABITAT FOR HUMANITY OF METRO DENVER,	
	INC.	74-2050021
Organization type (c	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founda	ition
	501(c)(3) taxable private foundation	
• •	ration is covered by the General Rule or a Special Rule.	
Note: Only a section	501(c)(7), (8), or (10) organization can check boxes for both the General Rule an	d a Special Rule. See instructions.
General Rule		
•	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contri om any one contributor. Complete Parts I and II. See instructions for determining	
Special Rules		
sections 509 any one con	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part I ntributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2 990-EZ, line 1. Complete Parts I and II.	II, line 13, 16a, or 16b, and that received from

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
			Employer identification number
HABITAT INC.	FOR HUMANITY OF METRO DENVER,		74-2050021
		I	,1 1000011
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
1			Person X Payroll
		\$\$243,3	
			(Complete Part II for
			noncash contributions.)
(a)	(b)		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2			Person X
		\$ 165,0	Payroll
		\$165,0	(Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
<u> </u>			
3			Person X
			Payroll
		\$	
			(Complete Part II for noncash contributions.)
			, ,
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
			Person
		—	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		—	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
			Person Payroll
		\$	Noncash
			(Complete Part II for
			noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

	rganization FOR HUMANITY OF METRO DENVER,		Employer identification numb
C.	FOR HOMANITI OF METRO DENVER,		74-2050021
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Data received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
53 11-08	-18		

09221108 147228 4207-00

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 4		
Name of or	rganization		Employer identification	n number		
HABITAT	FOR HUMANITY OF METRO DENVER,					
INC.			74-2050021			
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	ns to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 f	for the year		
	completing Part III, enter the total of exclusively religious, cl	naritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) 			
	Use duplicate copies of Part III if additional s	pace is needed.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	h		
Part I						
F		(a) Transfer of sif	I			
		(e) Transfer of gif				
	Transferee's name, address, and	d 7IP + 4	Relationship of transferor to transferee			
F						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	Ja		
Part I		(c) Use of gift				
ŀ		(-) T				
		(e) Transfer of gif				
	Transferee's name, address, and		Relationship of transferor to transferee			
ŀ						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld		
Part I						
F		(e) Transfer of gif				
		(c) manoror or gi	-			
	Transferee's name, address, and	d ZI P + 4	Relationship of transferor to transferee			
Γ	·					
(a) No.			1			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld		
Part I						
ŀ	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee			
823454 11-08	3-18	25	Schedule B (Form 990, 990-EZ, or 99	0-PF) (2018)		
		20				

09221108 147228 4207-00

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		2018
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 	
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activi	ties), then
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not complete Part I-C.	
 Section 501(c) (other 	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.	

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HABITAT FOR	R HUMANITY OF METRO DENVER	R,	Em	ployer identification number
INC.				74-2050021
Part I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 o	organization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures		►	\$
Part I-B Complete if the org	anization is exempt under	r section 501(c)(3)		
 Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section 4a Was a correction made? b If "Yes," describe in Part IV. 	incurred by organization managers n 4955 tax, did it file Form 4720 fo	s under section 4955 or this year?	•	* \$ Yes No Yes No Yes No
 Enter the amount directly expended Enter the amount of the filing organ exempt function activities 	ization's funds contributed to othe	er organizations for sec	tion 527	\$\$
3 Total exempt function expenditures		,		•
 line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization organization contributions received that were propolitical action committee (PAC). If a second second	1120-POL for this year?	of all section 527 polit from the filing organiza separate political orgar	ical organizations to wh tion's funds. Also enter nization, such as a separ	Yes No ich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -C	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Sche	dule C (Form 990 or 990-EZ) 2018					050021 Page 2
Par	t II-A Complete if the org	anization is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ction under
	section 501(h)).					
A Cł	neck 🕨 📃 if the filing organiza	tion belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and shar	e of excess lobbying (expenditures).			
B Cł	neck 🕨 📃 if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
		ts on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)		2,120.	
b	Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)		1,244.	
с	Total lobbying expenditures (add li				3,364.	
d	Other exempt purpose expenditure				19,593,315.	
е	Total exempt purpose expenditure		n		19,596,679.	
f	Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	1,000,000.	
	If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000),000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,	000.			
q	Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
-	Subtract line 1g from line 1a. If zero				0.	
i	Subtract line 1f from line 1c. If zero				٥.	
j	If there is an amount other than zer reporting section 4911 tax for this	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		Yes No
	reporting section 4911 tax lof this		eraging Period Under	Section 501(b)	L	
	(Some organizations th	nat made a section 5		have to complete all o	of the five columns be	low.
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount		953,475.	1,000,000.	1,000,000.	2,953,475.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					4,430,213.
c Total lobbying expenditures		2,325.	15,849.	3,364.	21,538.
d Grassroots nontaxable amount		238,369.	250,000.	250,000.	738,369.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,107,554.
f Grassroots lobbying expenditures		1,796.	1,885.	2,120.	5,801.

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 INC.

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	o lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR (b) Part	III-A, line	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018

74 - 2050021

Part III Conservation Easements. Complete If the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of a historically important land area □ Preservation of on the public use (e.g., recreation or education) □ Preservation of on space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a 2a 0 Number of conservation easements on a certified historic structure included in (a) 2a 2a 1 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Pegister 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Pegister 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements tholds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements. <t< th=""><th></th><th></th><th>• •</th><th></th><th></th><th>OMP No. 1545 0047</th></t<>			• •			OMP No. 1545 0047
Part W, Jine 6, 7, 8, 9, 0, 115, 115, 116, 116, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 212, 117, 126, 214, 117, 126, 214, 117, 126, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 214, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 126, 117, 117, 117, 117, 117, 117, 117, 11						2011Q
bit of the organization best or www.irs.gov/form990 for instructions and the latest information. Imployer identification number 74-2830821 Programizations Minimum Version Form 990, Part IV, line 6. Organization answered Yes' on Form 990, Part IV, line 6. Organization answered Yes' on Form 990, Part IV, line 6. Total number at end of year Aggregate value of continuum to licking yeas) Aggregate value of and torp actions addition of the donor of dovised funds are the organization inform 910 dovised funds are the organization inform 910 dovised funds are the organization inform 910 dovised in donor advised withing that the assets held in donor advised funds are the organization inform 910 dovised and donor advised withing that grant funds can be used only for charitable purposes and not for the benefit of the doner or donor advised in for any other purpose conferring impermetissic private benefit Purpose(9) for conservation easements held by the organization inform 910 dovised all that apply. Preservation of and for public use (e.g., recreation or education) Preservation of a fund for public use (e.g., recreation or education Preservation of a conservation easements advised funds and the organization inform 912 Augregate value easements held by the organization (held all that apply). Preservation of conservation easements advised funds a	•		Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Qpen to Public
Part Organizations Meintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answord 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate value at end of year (c) Funds and other accounts. (c) Funds and other accounts. 4 Aggregate value at end of year (c) Funds and other accounts. (c) Funds and other accounts. 4 Aggregate value at end of year (c) Funds and other accounts. (c) Funds and other accounts. 6 Did the organization inform all donors advisors in writing that guant funds can be used only for charitable purposes and not for the beards or donor advisor, or for any other purpose conferring impermissible purposes and not for the beards or donor advisor. (c) Funds and the accounts. 1 Purpose(g) of conservation essements. Complete if the organization (rence all that app). (c) Preservation of a certified historis structure. 1 Purpose(g) of conservation essements. (c) funds and babit. (c) Funds and babit. (c) Funds and babit. 1 Protection of fault or public use (e, reneetation or education). (c) Freewation of a conservation essements. 2					ion.	•
organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at and of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of antibutions to (during year) Aggregate value of antibutions to the organization inform all donors and visors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Purpose(a) of conservation easements held by the organization (check all that taply). Preservation of and for public use (e.g., noreation or educator) Preservation of an torpublic use (e.g., noreation or educator) Preservation of an torpublic use (e.g., noreation or educator) Preservation of conservation easements Advisors Protection of natural habitat Preservation of conservation easements Automet of the National Register Number of conservation easements Number of conservation easements Number of conservation easements Automet account of the conservation easements Automet of the toxing sequence is thoticly: Automet of states where property subject to conservation easements Automet of states where property subject to conservation easements Automet of states where property subject to conservation easements Automet of states where property subject to conservation easements Automet of states where property subject to conservation easements Automet of states	Nam	e of the organization		CO DENVER,	Em	
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1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of antitions to (during year) 4 Aggregate value of antitions to (during year) 4 Aggregate value of antitions to (during year) 6 Dot the organization informal differences in writing that the assets held in donor advised funds are the organization informal differences in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring information informal digrantes, donors, and donor advisor, or for any other purpose conferring information information benefit. Perful Conservation Easements. Complete if the organization answered "Yes" on Form 300, Part IV, line 7. Persevation of a historically important land area Protoction of natural habitat Protoction of natural habitat Protoction of natural habitat Protoction of natural habitat Protoction of canservation easements in a certified historic structure Integration of conservation easements in a certified historic structure included in (a) 2 complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in a certified historic structure included in (a) 2 complete lines 2a through 2d if the organization destine difference. 2 during the atax year. 3 Total annexing or conservation easements included in (c) acquired after 725/06, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year issue and encorrent or secondarian easements included in (b) and accounting conservation easements included in (c) acquired after 725/06, and not on a historic grossorvation easements during the year issue an denorcoment of accounting inspecti		organization	answered "Yes" on Form 990, Part IV, line	6.		
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conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X § If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X § Assets included in Form 990, Part X § Assets included in Form 990, Part X 	9					
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 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	Pa			Art, Historical Treasures, or Othe	er Simila	r Assets.
 historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X \$ 		_	_			
 the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X \$ 4 Assets included in Form 990, Part X 	1a	If the organization e	lected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statemer	nt and bala	nce sheet works of art,
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c S 		historical treasures,	or other similar assets held for public exhi	bition, education, or research in furtherance	e of public	service, provide, in Part XIII,
 treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 		the text of the footn	ote to its financial statements that describ	es these items.		
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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X 		treasures, or other s	similar assets held for public exhibition, edu	ucation, or research in furtherance of public	service, p	rovide the following amounts
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 		-				
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 						
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b \$	-					
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X S	2				aın, provid	e
b Assets included in Form 990, Part X \$	-	-			•	¢
						•

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	IRDITRI FO	K HOMANIII OF M	BIRO D.	ыч у ык,						
	dule D (Form 990) 2018 INC.							2050021	P	age 2
Pai	t III Organizations Maintaining C								,	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	are a sigi	nificant use of	its collectior	items	3
	(check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							Part XIII.		
5	During the year, did the organization solicit of				-				_	_
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" on F	⁻ orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod									-
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:			(T			
								Amour	<u>t</u>	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F						y?	X Yes	Ļ	_ No
	If "Yes," explain the arrangement in Part XIII.								X	
Par	TV Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three years b	oack (e) Fou	r years	back
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1o	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held ar	nd administer	ed for the	organization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	 	
									L	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or c			or other		cumulated	(d) Boo	k valu	ie
		basis (investr	ment)	basis	(other)	dep	reciation			
1 a	Land									
	Buildings			4	,491,047.		1,145,985.	3	,345,	062.
	Leasehold improvements			1	,295,293.		804,959.		490,	334.
	Equipment				391,151.		295,448.		95,	703.
	Other				129,538.		118,573.		10	965.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,942,064.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

(D)

INC.

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) Closely-held equity interests (a) (b) Book value (c) (c) (a) INVESTMENTS - DENVER FOUNDATION 3,881,453. END-OF-YEAR MARKET VALUE (B) (c) (c) (c)

 (E)
 (F)

 (G)
 (G)

 (H)
 3,881,453.

 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 3,881,453.

 Part VIII
 Investments - Program Related.

 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment (b) Book value (c) Method of valuation: Cost or end

(a) Description of investment	(b) BOOK value	(c) Method of Valuation: Cost or end-of-year market value
(1) INVESTMENTS - HFHI NMTC LEVERAGE	2,904,195.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,904,195.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	12,802,246.
(2) ESCROW DEPOSITS HELD IN TRUST	363,580.
(3) OTHER DEPOSITS	41,153.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	13,206,979.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Descrip	tion of liability	(b) Book value
(1) Federal income taxes		
(2) HOME OWNER DEPOSITS		105,247.
(3) DEFERRED RENT		96,417.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 99	0 Part X col (B) line 25)	▶ 201,664.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

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HABITAT FOR HUMANITY OF METRO	DENVER
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Sche	dule D (Form 990) 2018 INC.			74-2050021	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	26,144,224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	48,997.		
b	Donated services and use of facilities	2b	1,648,169.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	24,027.		
е	Add lines 2a through 2d			2e	1,721,193.
3	Subtract line 2e from line 1			3	24,423,031.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				24,423,031.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	22,594,978.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2 a	1,648,169.	-	
b	Prior year adjustments	2 b		-	
с	Other losses			-	
d	Other (Describe in Part XIII.)	2d	24,027.		
е	Add lines 2a through 2d			2e	1,672,196.
3	Subtract line 2e from line 1			3	20,922,782.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	20,922,782.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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PART IV, LINE 2B:

THE ORGANIZATION SERVICES MORTGAGES. ESCROW DEPOSITS HELD IN TRUST INCLUDE

AMOUNTS FOR PROPERTY TAXES, INSURANCE, AND OTHER FEES ON SUCH HOMES. THE

PROPERTY TAXES ARE REMITTED TO THE VARIOUS COUNTY ASSESSORS OFFICES

ANNUALLY; PROPERTY HAZARD INSURANCE IS PAID UPON RECEIPT OF AN ANNUAL

INVOICE FOR EXISTING ACCOUNTS AND REMITTED UPON SALE CLOSING FOR NEW HOME

OWNERS. THE ACCOUNTS ARE ANALYZED ANNUALLY AND OVERAGES ARE REMITTED TO

FAMILIES UNLESS THEY REQUEST THE OVERAGE BE APPLIED TO THE MORTGAGE

BALANCE.

PART X, LINE 2:

HABITAT AND HCHD ARE NOT-FOR-PROFIT CORPORATIONS AND ARE EXEMPT FROM TAX

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HABITAT FOR HUMANITY OF METRO DENVER, TNC 74-2050021 Schedule D (Form 990) 2018 Page 5 Part XIII Supplemental Information (continued) UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). HFCI AND AMS ARE DISREGARDED ENTITIES FOR TAX PURPOSES AND ARE THEREFORE INCLUDED IN THE TAX REPORTING OF HABITAT. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY HABITAT AND RECOGNIZE A TAX LIABILITY IF HABITAT HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY HABITAT AND HAS CONCLUDED THAT AS OF JUNE 30, 2019 AND 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. HABITAT IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER. THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. IF INCURRED. INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD ASSESSED AS OTHER OPERATING EXPENSES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS. NO INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2019 AND 2018. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENTS EXPENSE 24,027. PART XII, LINE 2D - OTHER ADJUSTMENTS: 24,027. FUNDRAISING EVENTS EXPENSE Schedule D (Form 990) 2018 832055 10-29-18

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SCHEDULE G	Suppleme	ntal Information Reg	garding	Fund	raisi	ng or Gaming A	Activ	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2018
Department of the Treasury Internal Revenue Service		► Attach to to www.irs.gov/Form99					ion		Open to Public Inspection
Name of the organization	-	R HUMANITY OF METRO			5 and			Employer ide 74-205003	entification number
Part I Fundrais	-	Complete if the organizat	tion answe	red "Y	es" or	n Form 990, Part IV, I	line 1		
required to	complete this part								
a 📃 Mail solicitat	ions email solicitations tations	ed funds through any of tl e f g	Solicitat	ion of ion of	non-g gover	overnment grants nment grants			
2 a Did the organization key employees list	n have a written o ed in Form 990, Pa highest paid indiv	r oral agreement with any art VII) or entity in connect riduals or entities (fundrais organization	tion with pr	ofessi	onal fu	undraising services?		Ye:	
(i) Name and address or entity (fund	s of individual	(ii) Activity		(iii) fundr have ci or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed	to solicit c	ontrib	utions	or has been notified	l it is	exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions	for Form 9	90 or	990-E	Z	Sche	dule G (Form 9	990 or 990-EZ) 2018

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Schedule G (Form 990 or 990 EZ) 2018 INC.

74-2050021 Page **2**

Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
e		(event type)	(event type)	(total number)		
Revenue	Gross receipts	315,721.			315,721.	
2	2 Less: Contributions	304,611.			304,611.	
3	Gross income (line 1 minus line 2)	11,110.			11,110.	
4	Cash prizes					
<i>"</i> 5	Noncash prizes					
Direct Expenses	Rent/facility costs	9,430.			9,430	
7 Intect	' Food and beverages	12,161.			12,161	
ة 1	B Entertainment					
9	Other direct expenses	2,436.			2,436	
1	10 Direct expense summary. Add lines 4 through 9 in column (d)					
1	1	ine 3, column (d)			-12,917	
Part	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than		
۵	· · · · ·	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
evel						
Ĕ	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				
-		· · · · · ·				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

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Schedule G (Form 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 INC . 7	4 - 2050021	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	i 🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	🗌 Yes	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s ∐ No
	\mathbf{h} if "Vec." enter the amount of doming revenue received by the expenientian \mathbf{h} .		
Ľ	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$		
	c if "Yes," enter name and address of the third party:		
,	c in res, enter hame and address of the time party.		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of convises provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No 🗌 No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э	
Da	organization's own exempt activities during the tax year s s		
FC	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines s	9, 90, 100,
_			
8320	383 10-03-18 Schedule G (I	orm 990 or 99	90-EZ) 2018

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Schedule (G (Form 990 or 990-EZ)	INC.			74-2050021	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(c}	continued)			9
					Schedule G (Form 990	or 990-EZ)

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SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No.	1545-0047
(Form 990)	90) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service				Attach to Form s.gov/Form990 fo	m 990.				to Public ection
Name of the organizat	ION HABITAT FOR HU	JMANITY OF MET						Employer identificat 74-205	
Part I General II	nformation on Grants a	nd Assistance							
	zation maintain records t								
	award the grants or assis							X Yes	No No
	IV the organization's pro								
	Id Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Par	IV, line 21, for any	
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistan	•
HABITAT FOR HUMAN 121 HABITAT STREN AMERICUS, GA 317(91-1914868	501(C)(3)	252,800.	0.			SUPPORT LOW INCO HOUSING CONSTRUC FOREIGN COUNTRIE	CTION IN
2 Enter total numb	per of section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table			•	>	1.
3 Enter total numb	per of other organizations	s listed in the line 1	table						
LHA For Paperwork	Reduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Forn	n 990) (2018)

HABITAT FOR HUMANITY OF METRO DENV

Schedule I (Form

Part III

(Form 990) (2018)	NC.	74-2050021 Pag	ge 2
Grants and Other Assista	nce to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.		
Part III can be duplicated if	additional space is needed.		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information.

PART I, LINE 2:

HABITAT FOR HUMANITY INTERNATIONAL ACKNOWLEDGES THE RECEIPT OF THE FUNDS

AND REITERATES WHAT SPECIFIC PROGRAM WILL BENEFIT FROM THE FUNDS. HABITAT

FOR HUMANITY INTERNATIONAL ALSO PRODUCES AN ANNUAL REPORT THAT DESCRIBES

ITS ACTIVITIES AND HOW THE FUNDS IT RECEIVES ARE USED.

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Composed Employees 2018 Determine to the regarization answered "Yes" on Form 990, Part IV, line 23.	sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
Complete if the organization answered 'Yea' on Form '900, Part IV, line 23. <u>bothownus responsible on Security Provide Securety Provide Security Provi</u>	(Fo				20	10	
Department of the Towary Attach to Form 990. Department of the organization Period Department of the organization organization regarding these items. Period Department of the organization organization regarding these items. Period Department of the organization organization organization regarding these items. Period Department of the organization orga					ZU	10)
Interview Image of the organization Image of the organization number rec. Image of the organization number rec. Part II Questions Regarding Compensation 74-2050021 ************************************	Depa	tment of the Treasury		Open to	Publ	ic	
Two: 74-2050021 Part I Questions Regarding Compensation ************************************			► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Imprint faces or charter travel Puryments for business use of personal residence in travel for companions Puryments for business use of personal residence in travel for companions Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If 'No,' complete Part III to explain 1b 2 Did the organization require substantiation price to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, tot epathy and personal succer by all directors, trustees, and officers, including the CEO/Executive Director, tot epathy and personal succer by all directors, trustees, and officers, including the CEO/Executive Director, tot epathy and the compensation of the organization to establish compensation of the CEO/Executive Director, tot epathy in Part III. 1b 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the comparisation to establish compensation of the CEO/Executive Director, tot epathy and the methy and the filing organization or a netated organization: 2 4 During the yea	Nan	ne of the organizatio	N HABITAT FOR HUMANITY OF METRO DENVER,			on nui	mber
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organization or a related organization: 4a x a Receive a severance payment or change-of-control payment? 4a x b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b x c Participate in, or receive payment from, an equity-based compensation arrangement? 4c x if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c x Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a x a The organization? 5a x 1 5b x if "Yes" on line 5a or 5b, describe in Part III. 5b x 1 1 5b x 6 Ary related organization? 5a x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<		Form 990 of o	ther organizations	ommittee			
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a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X lf "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X 6b X b Any related organization? 6a X 6b X lf "Yes" on line 6a or 6b, describe in Part III. 7 X X b Any related organization? 6a X 6b X lf "Yes" on lin	4						
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c Participate in, or receive payment from, an equity-based compensation arrangement? 1 1 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X f" "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X f" "Yes" on line 6a or 6b, describe in Part III. 6b X 6 Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 60; If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the inititial contract exception described in Regulatio							<u> </u>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X The organization? 5a X Management of the revenues of: 5b X Share and the persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reteamings of: 5b X Go persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X The organization? 6a X 6b X Management of the retearings of: 7 X 6b X The organization? 6a X 6b X Management of the resonal step or 6b, describe in Part III. 7 X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, add or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III. 7 X							<u> </u>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	с				4c		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X 16 16 X f "Yes" on line 6a or 6b, describe in Part III. 7 X 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16		If "Yes" to any of li	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the orga		Only costien FOd/	(2) = 0.1(a)(4) and = 0.1(a)(0) arranizations much a simplete lines = 5.0				
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a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5			11			
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b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							<u> </u>
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	D				00		
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b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	-	-		6-		v
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a ⊾						<u> </u>
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	a						
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-						
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	(-		v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	~				/		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8	•					v
Regulations section 53.4958-6(c)?	~				8		
	9						
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832111 10-26-18

INC.

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) HEATHER LAFFERTY	(i)	146,438.	8,250.	0.	7,139.	5,784.	167,611.	0.	
CEO/ EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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74-2050021

Schedule J (Form 990) 2018

Part III Supplemental Information

INC.

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

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

ſ 18 ZU **Open to Public** Inspection

Employer identification number

Name of the organiza	tion
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► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organiz	ation
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HABITAT FOR HUMANITY OF METRO DENVER, INC

	INC.				74	-2050021	L	
Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		•	s
1	Art - Works of art							
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	Х	4	24,212.	FAIR MARKET VA	LUE		
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			050.000				
25	Other (CONSTRUCT MAT)	X	94	253,980.	FAIR MARKET VA	JOE		
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 828	3, Part IV, I	Jonee Acknowledg	gement			V	
20-				autod in Daut I. Jin an 4 days. al	- 00 that it		Yes	No
30a	During the year, did the organization receive by		•••••					
	must hold for at least three years from the date					200		х
h	exempt purposes for the entire holding period?					30a		
ь 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that re	ouires the review	of any nonstandard contributi	ons?	31	x	
		•	-	-		. 31		
32 8	Does the organization hire or use third parties of contributions?		•			32a	x	
b	contributions? If "Yes," describe in Part II.					324		
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	(for which column (a) is chec	ked			
00	describe in Part II.			ion which could a is chec	NGU,			
								0040

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832141 10-18-18

Schedule M (Form 990) 2018 INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A 3RD-PARTY BROKER TO SELL DONATED VEHICLES. THE

BROKER RETAINS \$75 OF THE PROCEEDS OF EACH VEHICLE THAT IS DONATED AND

SOLD.

Schedule M (Form 990) 2018

832142 10-18-18

74-2050021

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or Complete to provide information for responses to specific question	ns on	OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information. HABITAT FOR HUMANITY OF METRO DENVER,	Employer	Inspection identification number
	INC.)50021
FORM 990, PART III,	LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
THIS PROGRAM IS A CO	OPERATIVE PARTNERSHIP BETWEEN THE HOMEOWNER		
FAMILIES AND HABITAT	. THE HOMES ARE SOLD WITH NO PROFIT MOTIVE, USING		
BELOW-MARKET LOANS.	FAMILIES MAKE A DOWN PAYMENT AND ALSO CONTRIBUTE		
SUBSTANTIAL SWEAT-EQ	UITY TO HELP BUILD THEIR OWN HOME, AS WELL AS THE		
HOMES OF OTHER HABIT	AT FAMILIES. THEIR MONTHLY MORTGAGE PAYMENT HELPS		
FUND MORE HABITAT HO	MES. OUR HOMEOWNER FAMILIES ALSO PARTICIPATE IN		
HOME BUYER EDUCATION	CLASSES WHICH HELP FOSTER INCREASED ECONOMIC		
INDEPENDENCE AND SEL	F-RELIANCE. FAMILIES WHO QUALIFY TO PURCHASE A		
HABITAT HOME ARE CUR	RENTLY IN NEED OF DECENT, STABLE AND AFFORDABLE		
HOUSING, ARE WILLING	TO HELP BUILD THEIR HOME, AND MEET OUR FINANCIAL		
REQUIREMENTS.			
FORM 990, PART VI, S	ECTION B, LINE 11B:		
THE FINANCE & AUDIT	COMMITTEE REVIEWS THE FORM 990 WITH OUR AUDITORS IN		
DETAIL. THE FAC WILL	RECOMMEND THAT THE BOARD APPROVE THE FORM 990. THE		
BOARD OF DIRECTORS R	EVIEWS THE FORM 990 AND APPROVE BEFORE THE RETURN IS		
FILED.			
FORM 990, PART VI, S	ECTION B, LINE 12C:		
THE BOARD OF DIRECTO	RS AND CEO ANNUALLY REVIEW THE CONFLICT OF INTEREST		
POLICY AND SIGN AN A	NNUAL CERTIFICATION DISCLOSING THAT IF ANY CONFLICTS OF		
INTEREST ARISE, THEY	WILL NOTIFY THE BOARD AND RECUSE THEMSELVES FROM ANY		
VOTES PERTAINING TO	THE CONFLICT.		
FORM 990, PART VI, S	ECTION B, LINE 15:		- 000 000 EZ) (0040)

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832211 10-10-18
45

Schedule O (Form 990 or 990-EZ) (2018)

2018.05000 HABITAT FOR HUMANITY OF M 4207-001

	74-2050021
ANNUAL PERFORMANCE APPRAISALS ARE CONDUCTED. THE CEO IS RESPONSIBLE FOR	
CONDUCTING REVIEWS OF EACH MEMBER OF THE LEADERSHIP TEAM; THE BOARD OF	
DIRECTORS CONDUCTS THE ANNUAL REVIEW OF THE CEO. SALARY INCREASES ARE	
GRANTED TO AN EMPLOYEE BASED ON JOB PERFORMANCE. THE MOST IMPORTANT SINGLE	
DETERMINANT OF WHETHER A MERIT INCREASE HAS BEEN EARNED IS THE SUPERVISOR'S	
RATING OF THE PERSON'S PERFORMANCE. THE EMPLOYEE'S SELF-APPRAISAL ALSO	
PROVIDES KEY INFORMATION THAT IS USED BY THE SUPERVISOR TO DETERMINE	
OVERALL PERFORMANCE. WHEN AN INCREASE IS GIVEN, THE AMOUNT OF THE INCREASE	
DEPENDS ON THE FOLLOWING VARIABLES: (1) THE SUPERVISOR'S EVALUATION OF	
PERFORMANCE AGAINST THE ACCOUNTABILITIES OF THE POSITION AND AGAINST ANY	
GOALS MUTUALLY ESTABLISHED PREVIOUSLY BY THE SUPERVISOR AND THE EMPLOYEE.	
(2) WHERE THE EMPLOYEE'S CURRENT SALARY STANDS IN RELATION TO THE	
POSITION'S SALARY RANGE. IN REGARDS TO THE COMPENSATION OF THE CEO, THE	
SALARY LEVEL IS BASED ON COMPENSATION SURVEYS AND OTHER DATA FROM THE	
COLORADO NONPROFIT ASSOCIATION, AS WELL AS OTHER ORGANIZATIONS. THIS SALARY	
INFORMATION IS PROVIDED TO THE BOARD CHAIR, WHO PRESENTS IT AND THE CEO'S	
ANNUAL PERFORMANCE APPRAISAL TO THE EXECUTIVE COMMITTEE FOR REVIEW. ONCE	
THE COMPENSATION LEVEL HAS BEEN REVIEWED BY THE EXECUTIVE COMMITTEE, THE	
EXECUTIVE COMMITTEE THEN PRESENTS IT TO THE BOARD OF DIRECTORS, WHERE IT IS	
SUBJECT TO REVIEW AND APPROVAL. THE ORGANIZATION MAINTAINS DOCUMENTATION OF	
ITS DECISIONS REGARDING THE COMPENSATION SETTING PROCESS IN THE MINUTES	
FROM THE BOARD OF DIRECTORS.	
THE COMPENSATION LEVELS FOR OTHER MEMBERS OF THE LEADERSHIP TEAM ARE SET	
THROUGH A SIMILAR PROCESS. THE SALARY LEVELS ARE BASED ON COMPENSATION	
SURVEYS AND OTHER DATA FROM THE COLORADO NONPROFIT ASSOCIATION, AS WELL AS	
OTHER ORGANIZATIONS. THIS INFORMATION, ALONG WITH THE ANNUAL PERFORMANCE	

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APPRAISAL, IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

2018.05000 HABITAT FOR HUMANITY OF M 4207-001

Name of the organization HABITAT FOR HUMANITY OF M INC.	METRO DENVER,	Employer identification numbe 74-2050021
THE EXECUTIVE COMMITTEE MAINTAINS THE NECESSAN	RY DOCUMENTATION REGARDING TH	3
COMPENSATION SETTING PROCESS IN ITS MINUTES.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFL	ICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUB	LIC UPON REQUEST. FORM 990 I:	5
ALSO AVAILABLE ON HFHMD WEBSITE.		
32212 10-10-18		Schedule O (Form 990 or 990-EZ) (201
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Schedule O (Form 990 or 990-EZ) (2018)

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SCHEDULE	R
(Form 990)	

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

Attach to Form 990.

Open	to	Pul	olic

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization	HABITAT FOR HUMANITY OF METRO DENVER,	Employer identification number
	INC.	74-2050021

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AFFORDABLE MORTGAGE SOLUTIONS					
3245 ELIOT STREET	MORTGAGE ORIGINATION &				
DENVER, CO 80211	SERVICING	COLORADO	713,580.	10,675,614.	hfhmd
HFHMD FUNDING COMPANY I, LLC					
3245 ELIOT STREET					
DENVER, CO 80211	SECURING LOANS	COLORADO	0.	0.	HFHMD
	-				
	_				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HABITAT COMMUNITY HOUSING DEVELOPMENT -	-						
84-1552704, 3245 ELIOT STREET, DENVER, CO							
80211	FUNDRAISING	COLORADO	501(C)(3)	509(A)(3)	HFHMD	х	
	-						
	-						
	-						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.																				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)									
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income										Share of end-of-year assets	Disprop alloca		amount in box 20 of Schedule	managing partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No										
Identification of Deleted Ore																				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) ction (b)(13) trolled tity?
		country)				235613		No
								<u> </u>
								<u> </u>
								<u> </u>
								<u> </u>

74-2050021

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HABITAT	FOR	HUMANITY	OF	METRO	DENVER,
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Schedule R (Form 990) 2018 INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
_(6)			

HABITAT FOR HUMANITY OF METRO DENVER,

Schedule R (Form 990) 2018 INC.

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

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

(a)	(b)	(c)	(d)	(e)		(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	sec. 3) ?	Share of total income	Share of end-of-year assets	Dispi tion alloca Yes	ropor- nate tions?		General o managin partner? Yes No	ownership
					+							
											\square	
					+							

Schedule R (Form 990) 2018

Part VII	Supple	mental	Information.
Schedule R	(Form 990)	2018	INC.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

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