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Form	3	9	U

** 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. Earm990 for instruction w ire

OMB No. 1545-0047 **Open to Public**

		t of the Treasury venue Service	 Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and 				Open to Public Inspection
Α	For t	he 2017 calend		ending J			
В	char	HABITA	organization T FOR HUMANITY OF METRO DENVER,		D	Employer identific	ation number
	Nam	Doing bu	usiness as			74-2050	021
	Initia retur Fina retur	n Number I 3245 E	and street (or P.O. box if mail is not delivered to street address) LIOT STREET	Room/suite	E	Telephone number 303-534	-2929
	term		own, state or province, country, and ZIP or foreign postal code		G	G <mark>ross receipts \$</mark>	26,313,783.
	retur		, CO 80211		H(a	a) Is this a group ret	um
	App tion pend	IF Name a	nd address of principal officer: HEATHER LAFFERTY OT STREET, DENVER, CO 80211		H(b	for subordinates?	Iuded? Yes No
1	Tax-e	xempt status: L	x 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 🛄 527		lf "No," attach a li	st. (see instructions)
			BITATMETRODENVER.ORG		H(c) Group exemption	number 🕨
_		of organization: 🗋	x Corporation Trust Association Other ►	L Year of	of for	mation: 1979 M	State of legal domicile: CO
P	art I	Summary					
ø	1	In the same state to be been and	e the organization's mission or most significant activities:	FOR HUM	ANI	TY BRINGS	
anc		PEOPLE TOGE	THER TO BUILD HOMES, COMMUNITIES AND HOPE.				
Srn	2	Check this box	if the organization discontinued its operations or disposed and the organization discontinued its operations.	sed of more	thar	n 25% of its net ass	ets.
0	3		ing members of the governing body (Part VI, line 1a)				21
8	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)			4	21
es	5		of individuals employed in calendar year 2017 (Part V, line 2a)				175
Activities & Governance	6	Total number of	of volunteers (estimate if necessary)			6	10611
Act	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34				0.
						Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			5,695,674.	9,612,786.
enu	9	Program service	ce revenue (Part VIII, line 2g)			6,425,210.	6,774,655.
Revenue	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)			704,382.	719,736.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			5,498,547.	5,803,011.
	12	Total revenue ·	add lines 8 through 11 (must equal Part VIII, column (A), line 12)			18,323,813.	22,910,188.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)			255,000.	261,816.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)			0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)			6,194,409.	6,815,600.
Expenses	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e)			0.	0.
dx	b	Total fundraisir	ng expenses (Part IX, column (D), line 25)	711.			
ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)			10,858,275.	11,608,098.
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)			17,307,684.	18,685,514.
	19	Revenue less e	expenses. Subtract line 18 from line 12			1,016,129.	4,224,674.
s or					ginni	ng of Current Year	End of Year
sset	20	Total assets (P	art X, line 16)			38,706,969.	47,762,428.
et As ind B		Total liabilities				13,428,635.	18,102,572.
2	22	Net assets or f	und balances. Subtract line 21 from line 20			25,278,334.	29,659,856.
_	_	Signature					
Ind	or non	alties of perjury 1	declare that I have examined this return including accompanying echodules	and statemen	nto i	and to the heat of mul	moundaday and halist it is

erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer HEATHER LAFFERTY, CEO Type or print name and title	HEATHER LAFFERTY, CEO 11/2/2018							
	Print/Type preparer's name	Preparer's signature	Date	Check					
Paid	CRAIG R. CHOUN	CRAIG R. CHOUN	11/01/1	8 self-employed P00173718					
Preparer	Firm's name 🕞 PLANTE & MORAN, PLLC			Firm's EIN 38-1357951					
Use Only	Firm's address 🕨 8181 E. TUFTS AVENUE, SU	ITE 600							
	DENVER, CO 80237-2579			Phone no.303-740-9400					
May the If	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No					
732001 11-2	28-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2017)					

k Reduction Act Notice, see the separate instructions.

TOGETHER TO BUILD HOMES organization undertake any sign m 990 or 990-EZ? describe these new services or organization cease conducting, describe these changes on Sch e the organization's program service 501(c)(3) and 501(c)(4) organiza , if any, for each program service) (Expenses \$ T FOR HUMANITY OF METRO LD NEW AND REHABILITATE ES WHOSE INCOME IS 80% C H THE NEIGHBORHOOD REVIT AL EXTERIOR REPAIRS TO C H A SCREENING PROCESS AN HOME. IN 2018, HABITAT E AND CONTINUED THE HOME F TION OF THEIR SWEAT EQUI E AFFORDABLE HOUSING TO ROGRAM IS A COOPERATIVE	TEMS OUT OF LANDFILLS ERADICATING POVERTY S AND GROUPS TO VOLUI including	nteer.) (Revenue \$	evenue \$) Form 990 (2
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TOGETHER TO BUILD HOMES					
TOGETHER TO BUILD HOMES					Yes X
	gnificant program services	during the year which	were not listed on the	9	
	ES, COMMUNITIES AND H	HOPE.			
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escribe the organization's missi		<u> </u>			
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neck if s escribe	Schedule O contains a the organization's mis PUT GOD'S LOVE IN	Schedule O contains a response or note to any line the organization's mission: PUT GOD'S LOVE INTO ACTION, HABITAT FO	the organization's mission:	Schedule O contains a response or note to any line in this Part III e the organization's mission: PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS	Schedule O contains a response or note to any line in this Part III

HABITAT FOR HUMANITY OF METRO DENVER

	990 (2017) INC. 74-2050021		Р	age 3
Pa	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
5	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	5		
Ŭ	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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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	44.	х	
h	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c	Λ	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	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			.
17	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,	17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		x
			990	(2017)

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HABITAT FOR HUMANITY OF METRO DENVER

Part M Checklist of Required Schedules (continued) Yes, No. 20a Bid the organization operate one or nore hospital facilities? If Yes, "complete Schedule H 20a		990 (2017) INC. 74-2050021	-	Р	age 4
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b if Yes' to line 20b, did the organization attach a copy of its audited financial statements to this return? 20b 20c X D b the organization meen trans 55,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Ise," complete Schedule / Parts I and II 21 X D b the organization neor trans 55,000 of grants or other assistance to or to conselic individuals on Part IX, column (A), line 27 If "Ise," complete Schedule / Parts I and II 22 X 24b D to the organization meet with 50 DM US parts is action A. Jine 3, 4, or 5 abuit compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current list as yor the year, it at wais assict after Dacember 31, 20027 If 'Yes, "answer lines 24b Through 24d and complete Schedule K. H' Ne', or D line 25a 24b 24b 25 Did the organization meants an escow account other than a relanding escrew at my time during the year to delease any tax-axempt bonds? 24d	Pa	rt IV Checklist of Required Schedules (continued)			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 12 Did the organization report more than 35,000 of grants or other assistance to any domestic organization or domestic organization or domestic organization or domestic organization assemption. Using a state of the organization control than 35,000 of grants or other assistance to or for domestic ondexicuts on the organization current and former officers, directors, trustes, key employees, and highest composated or the organization assemption of lissue with an outstanding principal amount of more than 350,000 as of the last day of the year, that was issued atter December 31, 20027 If "Yes," answer lines 24b through 24d and complete Schedule / Att I "No", to origo the 23a 24a 24b D the organization invest any proceeds of tax exempt bonds beyond a tomporary period exception? 24d 24d <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
10 bit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operament on Park IX, columa (A), ine ?1 // *10, *complete Schedule / Park I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, columa (A), ine ?2 // *1%e, *complete Schedule /, Part I and III 22 X 23 Did the organization answer 7%e* for AVII. 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? // **ex, *complete Schedule J 23 X 24 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 yaor, that was issue after Docember 31, 2002? // **ex, *answer lines 24b Inruspi 24d and complete Schedule K. If *No ⁺ go to line 25a 24b X 24 Did the organization mantain an escrow account other than a refunding escrow at any time during the year? 24c X 25 Section 501(c)(3), 001(c)(4), and 501(c)(29) organization in organization in a prior year, and that the transaction have a taxe seempt bond so under the organization in a prior year, and that the transaction have a taxe seempt on ording the year? 24d X 25 Section 501(c)(3), 001(c)(4), and 501(c)(29) organization in organization in a prior year, and that the transaction hane norpoted an any of the organization in prior year, and that th	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 718 "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than 55.000 of gradue of shade as a land III 22 X 23 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the erganization's complete Schedule I, Part IVI, Section A, line 3, 4, or 5 about compensation of the erganization's complete Schedule I, Part IVI, Section A, line 3, 4, or 5 about compensation of the erganization's complete Schedule I, Part IVI, Section A, line 3, 4, or 5 about compensation of the erganization's complete Schedule I, Part I, Parto, yoo the INE 250. 24 24 Did the organization invest any proceeds of tax exempt bond's theyong a temporary pariod exception? 245 245 Did the organization invest any proceeds of tax exempt bond's theyong a temporary pariod exception? 246 25 Section 60(16(3), 501(4)(4), and 501(2)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 246 25 Section 60(16(3), 501(4)(4), and 501(2)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person any of the organization section any of the organization section any of the organization section any of the organization any of the arganization any error or tomer officer, director, trustee, key employees, righest compensated employees or disqualified person? If "Yes," complete Schedule I, Part I 25 Did the organization argon and ther assistance to an officer, fractor, trustee, and that the transaction with a disqualified person? If "Yes," co	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part D, count M, line 21 / Yes, "complete Schedule I, Part I and III." Z X 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees P ¹¹ 'es," complete Schedule J. Z X 24 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 yar, that was siscued after Docember 31, 2022 PI 'Yes," answer lines 246 brough 24 and complete Schedule K. II 'No', to to line 25a Z4a X 24 Did the organization near any proceeds of tax-exempt bonds beyond a temporry period exception? Z4a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization enging in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person areany the var, or the organization enging in an excess benefit transaction with a disqualified person? If 'Yes,' complete Schedule L, Part I Z6a X 25 Did the organization enging any any of the organization enging on any complete Schedule L, Part I Z6a X 26 X 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, trighete compensate de mployees, or di	21				
Part IX, column (A), Ine 2? If Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization assure 'Yes' to Part IVI, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustes, key employees, and highest compensated employees? If Yes," complete Schedule I, Part IN Proc. Yes, Part IV, Part IVI, Par		-	21	Х	
23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization surrent and forme officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 x 24 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 suised after December 31, 2002? If 'Yes," answer time 24b through 24d and complete Schedule K. If 'No', go to line 25s 24a x 25 Did the organization maintain an escore account other than a refunding escrow at any time during the year to defease any tax-evempt bond? 24d x 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d x 27 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d x 28 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Dut the organization engos in a proy ear, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, substantial contributor or employee thered, a grant selection committee member, or to a 35% controlled entity or family member of any of the arganization reports any schedule L, Part II 26a x 28 Was the organization provide a grant or other assistance to an officer, director, trustee, or disc	22				
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'no behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization 's prior Forms 980 or 90-EZ? // 'Yes,' complete Schedule L, Part I 25a X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial complexes director, or tasses, and exceptions): 26 X 27 Did the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // 'Yes,' complete Schedule L, Part I/ 26 X 28 A term offormer officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family					v
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X	31	Did the organization liquidate, terminate, or dissolve and cease operations?			
Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O 38 X			31		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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 	32				1
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X			32		X
 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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" 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)? 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 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 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 	33				l I
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O Schedule O for Part VI, lines 11b and 19? 38 X			33	X	
 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 	34				
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 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 Note. All Form 990 filers are required to complete Schedule O					
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X 38 X X X X			35a	X	
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	b		0.51		
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 38 X X	00		35b		^
 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	36				
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? 38 X Note. All Form 990 filers are required to complete Schedule O 38 X	27		36		^
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Image: Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Image: Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Image: Schedule O for Part VI, lines 11b and 19? I	31		27		v
Note. All Form 990 filers are required to complete Schedule O	20		3/		^^
	30		20	x	1
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HABITAT FOR HUMANITY	OF	METRO	DENVER	,
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74-2050021

	990 (2017) INC.		74-2050021		Р	age 5
Pa						
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	52			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and a	eport	able gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	175			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
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 A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-	0		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in average of $$75$ made partly as a contribution and partly for goods and as	nuinna	provided to the power?	7-	х	
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7b	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			01	л	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7c		x
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	L		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			79 7h	x	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a	Did the end of the end of the end of the end of the time of the end of the time of the end of the e			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	-				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form **990** (2017)

732005 11-28-17

HABITAT FOR HUMANITY OF METRO DENVER,

TNC 74 - 2050021Form 990 (2017) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 21 1a 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. **b** Enter the number of voting members included in line 1a, above, who are independent 21 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 Х 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? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: x a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes x 10a Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. x **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? a The organization's CEO, Executive Director, or top management official х 15a b Other officers or key employees of the organization х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 Form 990 (2017) 732006 11-28-17 6

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74-2050021

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	-
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Castien A	Officers Disectory Twistons Kay Francisco and Highert Commenceded Franciscos	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

INC.

Form 990 (2017)

• 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 report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a c	lirecto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-10130)		and related
	below	dual ti	tiona		nploy	st cor	5			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOLLY A. URBINA	5.00									
PRESIDENT		x		x				0.	٥.	0.
(2) REV DR JAMES E FOUTHER JR	5.00									
VICE PRESIDENT		х		х				0.	0.	0.
(3) MICHAEL R. MILLER	5.00									
SECRETARY		х		х				٥.	٥.	0.
(4) GRETCHEN LENAMOND	5.00									
TREASURER		х		х				0.	0.	0.
(5) ROXANNE FIE ANDERSON	1.00									
MEMBER		х						0.	0.	0.
(6) KELLY JEAN BROUGH	1.00									
MEMBER		х						0.	0.	0.
(7) ETHAN ELZEN	1.00									
MEMBER		х						0.	0.	0.
(8) JOHN FENLEY	1.00									
MEMBER		х						0.	0.	0.
(9) MATTHEW HANSON	1.00									
MEMBER		х						0.	0.	0.
(10) JEREMY D. HELD	1.00									
MEMBER		х						0.	0.	0.
(11) JOSHUA HUNT	1.00									
MEMBER		х						0.	0.	0.
(12) BRADY KELLOGG	1.00									
MEMBER	1.00	х						0.	0.	0.
(13) J. CHRISTOPHER KINSMAN	1.00									0
MEMBER	1.00	x						0.	0.	0.
(14) KIM KUCERA	1.00									0
MEMBER	1.00	x						0.	0.	0.
(15) KEITH A. LOBIS	1.00								_	^
MEMBER	1 00	X						0.	0.	0.
(16) JAVAN D. OTTOSON	1.00	.						_	_	0
MEMBER	1 00	X			-			0.	0.	0.
(17) ANN PADILLA-PARRAS MEMBER	1.00	x						0.	0.	0
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Form 990 (2017) INC.						'			74-2050021		Pa	age 8
Part VII Section A. Officers, Directors, 1	rustees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			_ (0	-			(D)	(E)		(F)	
Name and title	Average hours per week	box	not c , unle	ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa rom th ganizat d relat anizati	e :ion :ed
(18) JODI ROLLAND	1.00											
MEMBER		х						0.	0.			Ο.
(19) SANDRA SCANLON	1.00											
MEMBER		х						0.	0.			Ο.
(20) CRAIG WALTERS	1.00											
MEMBER		х						0.	0.			Ο.
(21) CRIS A. WHITE	1.00											
MEMBER		х						0.	0.			Ο.
(22) HEATHER LAFFERTY	40.00											
CEO/ EXECUTIVE DIRECTOR				х				148,951.	0.		11,	,897.
(23) MIKE CRINER	40.00											
CHIEF OPERATING OFFICER				х				124,101.	0.		10,	,734.
(24) LORI PIDICK	40.00											
CHIEF DEVELOPMENT OFFICER				х				118,954.	0.		6,	,511.
(25) BRUCE GODFREY	40.00											
CFO - BEG 01/18				х				0.	0.			0.
1b Sub-total								392,006.	0.		29,	,142.
c Total from continuation sheets to Pa	rt VII, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								392,006.	0.		29,	,142.
2 Total number of individuals (including b compensation from the organization		iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable			3
	-										Yes	No
3 Did the organization list any former offi					•			•		0		x
line 1a? If "Yes," complete Schedule J i										3		~
4 For any individual listed on line 1a, is th and related organizations greater than \$									•	4	x	
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes," of	complete Schedul	e J f	or su	ıch	pers	son .	<u></u>	·····	<u></u>	5		х
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
IRON WOMAN CONSTRUCTION & ENVIRONMENT SERVI		
5680 EMERSON ST, DENVER, CO 80216	SITE WORK	398,433.
SHERIDAN SANITATION DISTRICT # 2, 6901 S		
YOSEMITE ST. #104, ENGLEWOOD, CO 80112	SEWER	270,440.
3-D PLUMBING INC		
12187 W CRESTLINE DR, LITTLETON, CO 80127	PLUMBING	228,048.
CHARLES LUJAN ROOFING COMPANY		
PO BOX 140784, EDGEWATER, CO 80214	ROOFING	222,489.
EASTSIDE HEATING & AIR CONDITIONING, INC.		
10381 E 106TH AVE, BRIGHTON, CO 80601	HEATING & AIR CONDITIONING	207,717.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ► 13	ed above) who received more than	

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rt \		2017) INC. Statement of Rever	nue					74-2050021	- Page
		Check if Schedule O cont	ains a re	sponse	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 exclud from tax unde sections 512 - 514
1	а	Federated campaigns		1a	55,460.				
		Membership dues		1b					
		Fundraising events		1c	448,282.				
		Related organizations		1d					
	е	Government grants (contribut	ions)	1e	3,481,273.				
	f	All other contributions, gifts, gran	ts, and						
		similar amounts not included above	ve	1f	5,627,771.				
	g	Noncash contributions included in lines	1a-1f: \$		825,899.				
	h	Total. Add lines 1a-1f		<u></u>		9,612,786.			
					Business Code				
2		HOME SALES			531390	4,566,859.	4,566,859.		
	~	MORTGAGE LOAN INTEREST			525990	2,207,796.	2,207,796.		
	c								
	d								
	e f	All other program service reve							
		Total. Add lines 2a-2f			·	6,774,655.			
3		Investment income (including				•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ŭ		other similar amounts)				243,018.			243,0
4	Ļ	Income from investment of tax				, -			,
5	;	Royalties			F				
			(i) R		(ii) Personal				
6	i a	Gross rents	11	4,909.					
		Less: rental expenses		٥.					
	с	Rental income or (loss)	11	4,909.					
	d	Net rental income or (loss)			►	114,909.			114,9
5 6 7	'a	Gross amount from sales of	(i) Sec	urities	(ii) Other				
		assets other than inventory	17	2,959.	3,271,273.				
	b	Less: cost or other basis		_					
		and sales expenses		0.	, ,				
		Gain or (loss)		2,959.		456 510			486.8
_		Net gain or (loss)			▶	476,718.			476,7
8	а	Gross income from fundraising	-						
		including \$ 448 contributions reported on line							
		Part IV, line 18	'		16,066.				
	h	Less: direct expenses			,				
		Net income or (loss) from func				-17,444.			-17,4
9		Gross income from gaming ac							
		Part IV, line 19							
	b	Less: direct expenses							
	с	Net income or (loss) from gam	ing activ	ities	>				
10	a	Gross sales of inventory, less	returns						
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from sale		ntory		5,648,832.			5,648,8
-		Miscellaneous Revenu	е		Business Code				
11		OTHER INCOME			900099	56,714.			56,7
	b				├ ─── ↓				+
	C				<u>├</u> ────┤				
		All other revenue				EC 714			
10		Total. Add lines 11a-11d				56,714. 22,910,188.	6,774,655.	0	. 6,522,74
12		Total revenue. See instructions.			🕨	22, JIV, 100.	5,117,000.	0	Form 990 (20

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9

INC.

Part IX Statement of Functional Expenses

Form 990 (2017)

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				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	261,816.	261,816.		
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, trustees, and key employees	371,917.	162,365.	75,329.	134,223.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,877,854.	4,773,028.	566,409.	538,417.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	145,803.	107,387.	19,448.	18,968.
9	Other employee benefits	37,046.	4,522.	32,524.	
10	Payroll taxes	382,980.	296,583.	42,878.	43,519.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	90,492.	25,016.	62,893.	2,583.
d	Lobbying	14,776.	14,776.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	79,007.		79,007.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	288,860.	79,442.	207,764.	1,654.
12	Advertising and promotion	32,127.			32,127.
13	Office expenses	387,059.	312,428.	48,662.	25,969.
14	Information technology	160,673.	136,033.	13,058.	11,582.
15	Royalties				
16	Occupancy	851,595.	812,100.	22,120.	17,375.
17	Travel	52,475.	27,776.	22,416.	2,283.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	120 615	102 500	07.410	
20		139,615.	103,529.	27,418.	8,668.
21	Payments to affiliates	252 045	201 702	25 449	16 705
22	Depreciation, depletion, and amortization	353,945.	301,792.	35,448. 31,726.	16,705. 21,963.
23 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.)	273,233.	219,544.	51,720.	21,903.
а	COST OF HOMES SOLD	7,542,896.	7,542,896.		
b	OTHER CONSTRUCTION COST	329,799.	329,374.	425.	
с	VEHICLE EXPENSE	222,335.	222,193.	110.	32.
d	VOLUNTEER EXPENSE	194,802.	190,690.	1,357.	2,755.
е	All other expenses	594,409.	255,806.	102,715.	235,888.
25	Total functional expenses. Add lines 1 through 24e	18,685,514.	16,179,096.	1,391,707.	1,114,711.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
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INC.

74-2050021

Page **11**

Part X	Balance Sheet			/ - 20	
	Check if Schedule O contains a response or note to	any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,101,189.	1	3,107,210.	
2	Savings and temporary cash investments		382,930.	2	424,736.
3	Pledges and grants receivable, net		392,704.	3	581,249.
4	Accounts receivable, net		44,719.	4	50,844
5	Loans and other receivables from current and forme				
	trustees, key employees, and highest compensated	l employees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified	persons (as defined under			
	section 4958(f)(1)), persons described in section 49	58(c)(3)(B), and contributing			
	employers and sponsoring organizations of section	501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Co	mplete Part II of Sch L		6	
7	Notes and loans receivable, net		14,172,989.	7	15,880,116
8	Inventories for sale or use	343,541.	8	283,629	
9	Prepaid expenses and deferred charges		122,347.	9	142,511
10	a Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10				
	b Less: accumulated depreciation 10		3,995,623.	10c	3,982,507
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11 $_{\rm .}$		4,424,616.	12	4,756,346
13	Investments - program-related. See Part IV, line 11		5,656,326.		8,642,762
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		7,069,985.	15	9,910,518
16	Total assets. Add lines 1 through 15 (must equal lin		38,706,969.	16	47,762,428
17	Accounts payable and accrued expenses		1,026,861.	17	1,019,195
18	Grants payable		18		
19	Deferred revenue			19	
20				20	
21	Escrow or custodial account liability. Complete Parl		195,350.	21	264,125
22	Loans and other payables to current and former off				
	key employees, highest compensated employees, a				
22	Complete Part II of Schedule L		0.075.461	22	15 014 501
23	Secured mortgages and notes payable to unrelated		9,075,461. 2,957,150.	23	15,914,521. 709,244.
24	Unsecured notes and loans payable to unrelated th	2,957,150.	24	709,244.	
25	Other liabilities (including federal income tax, payab				
	parties, and other liabilities not included on lines 17 Schedule D		173,813.	25	195,487,
26	Schedule D Total liabilities. Add lines 17 through 25		13,428,635.	25	18,102,572
- 20	Organizations that follow SFAS 117 (ASC 958), c		10,110,000.	20	10,102,072
	complete lines 27 through 29, and lines 33 and 3				
27	Unrestricted net assets		24,129,534.	27	27,752,431.
27 28 29	Temporarily restricted net assets		1,148,800.	28	1,907,425
29				29	
	Organizations that do not follow SFAS 117 (ASC				
	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equip			31	
32	Retained earnings, endowment, accumulated incon			32	
30 31 32 33	Total net assets or fund balances		25,278,334.	33	29,659,856.
34	Total liabilities and net assets/fund balances		38,706,969.	34	47,762,428.
			, , , , ,		Form 990 (2017)

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Form 990 (2017)

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	HABITAT FOR HUMANITY OF METRO DENVER,				
	1990 (2017) INC.	74-2050021		Pa	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>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	,910	,188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	,685	,514.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,224	,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25		,334.
5	Net unrealized gains (losses) on investments	5		156	,848.
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	29	,659	,856.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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 separa	te 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			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		v	
	Act and OMB Circular A-133?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req			v	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2017)

n	2017
	Open to Public Inspection
Employer	r identification number
7.	4-2050021
ns.	
A)(iii). Enter	the hospital's name,
l unit descrik	oed in
the general	public described in
J	· · · · · · · · · · · · · · · · · · ·
a land-grant	college
•	•
0. 1.0 00109	,0 0,
rshin fees	and gross receipts from
• •	t from gross investment
	after June 30, 1975.
	Employer 7 ns. A)(iii). Enter I unit descrit n the general a land-grant of the colleg ership fees, a of its suppor

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

control or management of the supporting organization vested in the same persons that control or manage the supported

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III

(iii) Type of organization

(described on lines 1-10

above (see instructions))

the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

(i) Name of supported

organization

See section 509(a)(2). (Complete Part III.)

organization. You must complete Part IV, Sections A and B.

organization(s). You must complete Part IV, Sections A and C.

(ii) EIN

f Enter the number of supported organizations Provide the following information about the supported organization(s).

11

12

а

b

С

d

Total

2017.04030 HABITAT FOR HUMANITY OF MET 4207-001

(v) Amount of monetary

support (see instructions)

(vi) Amount of other

support (see instructions)

(iv) Is the organization listed

in your governing document?

No

Yes

r identification number

OMB N	o. 15	45-0047
0		17

Schedule A (Form 990 or 990-EZ) 2017 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.)

See	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,955,511.	7,604,556.	2,398,760.	5,695,674.	9,612,786.	30,267,287.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,955,511.	7,604,556.	2,398,760.	5,695,674.	9,612,786.	30,267,287.
	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)						369,094.
6	Public support. Subtract line 5 from line 4.						29,898,193.
	ction B. Total Support						, , .
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	4,955,511.	7,604,556.	2,398,760.	5,695,674.	9,612,786.	30,267,287.
	Gross income from interest,	, ,		. ,		. ,	. ,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	170,346.	156,649.	86,979.	375,493.	357,927.	1,147,394.
9	Net income from unrelated business	,	,	,	,	,	. ,
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	14,497.	30,629.	12,291.	16,511.	56,714.	130,642.
11	Total support. Add lines 7 through 10		,			,	31,545,323.
	Gross receipts from related activities,	etc. (see instruction	uns)			12	41,991,739.
	First five years. If the Form 990 is for		,	l fourth or fifth ta			
	organization, check this box and stop				-		
Sec	ction C. Computation of Publ	ic Support Per	centage				
-	Public support percentage for 2017 (I			olumn (f))		14	94.78 %
	Public support percentage from 2016		-			15	95.26 %
	33 1/3% support test - 2017. If the c					nore, check this bo	
	stop here. The organization qualifies						► X
b	33 1/3% support test - 2016. If the c		-				nis box
	and stop here. The organization quali						$\blacktriangleright \square$
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
10	i mate roundation. It the organizatio	n alu not check a l		, 100, 17a, 01 170			J

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 INC.

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)			1			
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3) orgar	nization,
	U U					
Section C. Computation of Pub						
15 Public support percentage for 2017 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2016	3 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage)			
17 Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	ie 15 is more than 3	33 1/3%, and line	e 17 is not
more than 33 1/3% , check this box a	and stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2016. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	, and
line 18 is not more than 33 1/3% , ch	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizatio	n ►
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
732023 10-06-17			15	Sch	edule A (Form 9	90 or 990-EZ) 2017

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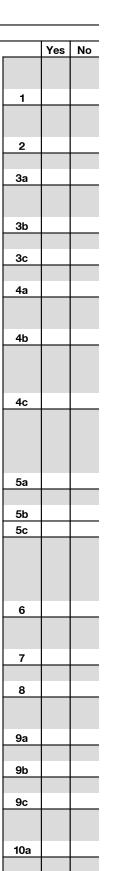
Part IV Supporting Organizations

(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")? *If* "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 (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 disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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74-2050021

Schedule A (Form 990 or 990-EZ) 2017

10b

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HABITAT FOR HUMANITY OF METRO DENVER

Scho	dule A (Form 990 or 990-F7) 2017 INC. 74-205	0021	Da	00 F
Pa		0021	Pa	ige 5
1 0	rt IV Supporting Organizations (continued)		V	N
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Vee	No
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
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 in	nstruction	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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.	20		
h		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				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form	990 or 99	90-EZ)	2017
	17			

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m 990 or 990-EZ) 2017 INC.			74-2050021 Page
	-		Part VI.) See instructions
er Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
usted Net Income		(A) Prior Year	(B) Current Year (optional)
term capital gain	1		
s of prior-year distributions	2		
ss income (see instructions)	3		
1 through 3	4		
on and depletion	5		
operating expenses paid or incurred for production or			
of gross income or for management, conservation, or			
nce of property held for production of income (see instructions)	6		
enses (see instructions)	7		
Net Income (subtract lines 5, 6, and 7 from line 4)	8		
imum Asset Amount		(A) Prior Year	(B) Current Year (optional)
e fair market value of all non-exempt-use assets (see			
ns for short tax year or assets held for part of year):			
nonthly value of securities	1a		
nonthly cash balances	1b		
et value of other non-exempt-use assets	1c		
l lines 1a, 1b, and 1c)	1d		
claimed for blockage or other			
xplain in detail in Part VI):			
n indebtedness applicable to non-exempt-use assets	2		
ine 2 from line 1d	3		
med held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
ctions)	4		
of non-exempt-use assets (subtract line 4 from line 3)	5		
ne 5 by .035	6		
s of prior-year distributions	7		
Asset Amount (add line 7 to line 6)	8		
tributable Amount			Current Year
net income for prior year (from Section A, line 8, Column A)	1		
o of line 1	2		
asset amount for prior year (from Section B, line 8, Column A)	3		
ter of line 2 or line 3	4		
x imposed in prior year	5		
able Amount. Subtract line 5 from line 4, unless subject to			
y temporary reduction (see instructions)	6		
	pe III Non-Functionally Integrated 509(a)(3) Supporting ck here if the organization satisfied the Integral Part Test as a qualifyir r Type III non-functionally integrated supporting organizations must c usted Net Income term capital gain a of prior-year distributions is income (see instructions) 1 through 3 on and depletion operating expenses paid or incurred for production or of gross income or for management, conservation, or cc of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount fair market value of all non-exempt-use assets (see is for short tax year or assets held for part of year): nonthly value of securities ionthly cash balances t value of other non-exempt-use assets lines 1a, 1b, and 1c) claimed for blockage or other plain in detail in Part VI): n indebtedness applicable to non-exempt-use assets ned held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ctions) of prior-year distributions Asset Amount net income for prior year (from Section A, line 8, Column A	pe III Non-Functionally Integrated 509(a)(3) Supporting Organ ck here if the organization satisfied the Integral Part Test as a qualifying trust on r Type III non-functionally integrated supporting organizations must complete Se usted Net Income term capital gain 1 a of prior-year distributions 2 is income (see instructions) 3 1 through 3 4 on and depletion 5 operating expenses paid or incurred for production or of gross income or for management, conservation, or ice of property held for production of income (see instructions) 6 enses (see instructions) 7 Net Income (subtract lines 5, 6, and 7 from line 4) 8 imum Asset Amount 1 fair market value of all non-exempt-use assets (see is for short tax year or assets held for part of year): 1 inonthy cash balances 1b ty value of other non-exempt-use assets 1c lines 1a, 1b, and 1c) 1d claimed for blockage or other 1 plain in detail in Part VI): 1 ni debtedness applicable to non-exempt-use assets 2 ne 2 from line 1d 3 ned held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ctions) 5 <td>Interview Integrated 509(a)(3) Supporting Organizations ck here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in r Type III non-functionally integrated supporting organizations must complete Sections A through E. usted Net Income (A) Prior Year erm capital gain 1 is of prioryear distributions 2 is income (see instructions) 3 1 through 3 4 on and depletion 5 operating expenses paid or incurred for production or of gross income or for management, conservation, or ce of property held for production of income (see instructions) 6 anses (see instructions) 7 Net Income (subtract lines 5, 6, and 7 from line 4) 8 imum Asset Amount (A) Prior Year (A) Prior Year fair market value of all non-exempt-use assets (see 1a 1a ionthly cash balances 1b 14 1a indetail for blockage or other 1a 1a 1a plain in detail in Part VI): 1a 3 1a 1a indel for exempt use. Enter 1-1/2% of line 3 (for greater amount, tions) 4 5 1a indel</td>	Interview Integrated 509(a)(3) Supporting Organizations ck here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in r Type III non-functionally integrated supporting organizations must complete Sections A through E. usted Net Income (A) Prior Year erm capital gain 1 is of prioryear distributions 2 is income (see instructions) 3 1 through 3 4 on and depletion 5 operating expenses paid or incurred for production or of gross income or for management, conservation, or ce of property held for production of income (see instructions) 6 anses (see instructions) 7 Net Income (subtract lines 5, 6, and 7 from line 4) 8 imum Asset Amount (A) Prior Year (A) Prior Year fair market value of all non-exempt-use assets (see 1a 1a ionthly cash balances 1b 14 1a indetail for blockage or other 1a 1a 1a plain in detail in Part VI): 1a 3 1a 1a indel for exempt use. Enter 1-1/2% of line 3 (for greater amount, tions) 4 5 1a indel

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) 2017

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ect	t V Type III Non-Functionally Integrated 509 ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C. line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 INC.	74-2050021	Pa
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	, lines 1 and 2; Part IV, Secti ; Part V, Section B, line 1e; I	ion C.
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2013 AMOUNT: \$ 14,497.		
2014 AMOUNT: \$ 30,629.		
2015 AMOUNT: \$ 12,291.		
2016 AMOUNT: \$ 16,511.		
2017 AMOUNT: \$ 56,714.		
732028 10-06-17 St	chedule A (Form 990 or 990	0-F7)
20)

** 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

2017

Name of the organizat	lion	Employer identification number
	HABITAT FOR HUMANITY OF METRO DENVER,	
	INC.	74-2050021
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contribute	
opecial nales		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo D-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or edu of cruelty to children or animals. Complete Parts I, II, and III.	• •
year, contribut is checked, en purpose. Don'	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled ther here the total contributions that were received during the year for an <i>exclusively</i> religion t complete any of the parts unless the General Rule applies to this organization because itable, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>

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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B

(Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2017)			Page 2
Name of or	ganization For humanity of metro denver,		Employe	er identification number
INC.	FOR HOMANIII OF MEIRO DENVER,		74-	2050021
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
1		\$1,708	3 <u>,800.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
2		\$840),000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
3		\$560) <u>,917.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
4		\$435	5,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributio		(d)
<u>No.</u>	Name, address, and ZIP + 4	_),000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
6			7,500. B (Form 9	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-0	1-17 22	Schedule	e B (Form 9	990, 990-EZ, or 990-PF) (2

17001101 138837 4207-00 2017.04030 HABITAT FOR HUMANITY OF MET 4207-001

ABITAT NC.	FOR HUMANITY OF METRO DENVER,		74-2050021
Part II	Noncash Property (see instructions). Use duplicate copies of Par	I II if additional space is needed.	,1 2000021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	RESIDENTIAL HOME		
4		\$435,00	0. 06/04/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-01	23		orm 990, 990-EZ, or 990-PF

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Part III Exclusive/religious, charatable, etc., contributions to organizations described in section 501(c)(7), (0), (7 (10) that total more than \$		R HUMANITY OF METRO DENVER,			Employer identification numb
competing Part III if additional space is medded. a) No. Part III if additional space is medded. (a) No. Part IIII if additional space is medded. (a) No. (b) Purpose of gift (c) Use of gift (c) Transfer of gift (a) No. (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (d) Description of how gift is help (b) Purpose of gift (c) Use of gift (c) Transfer of gift (d) Description of how gift is help (e) Transfer of gift (d) Description of how gift is help (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is help (form (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is help (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (form (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (b) Purpose of gift (c) Use of gift (d) Description o	Part III	Exclusively religious, charitable, etc., contrib	outions to organizations describ	ed in section	74-2050021 501(c)(7), (8), or (10) that total more than \$1,00
Ide duplicate copies of Part III if additional space is needed. (d) Use of gift (d) Description of how gift is helper to the space is needed. Ide duplicate copies of gift (e) Purpose of gift (e) Transfer of gift (d) Description of how gift is helper to the space is needed. Ide duplicate copies of gift Ide duplicate copies of gift (e) Transfer of gift Ide duplicate copies of the space is needed. Ide duplicate copies of gift Ide duplicate copies of gift Ide duplicate copies of the space is needed. Ide duplicate copies of the space is needed. Ide duplicate copies of gift (c) Use of gift (d) Description of how gift is helper to the space is needed. Ide duplicate copies of gift (c) Use of gift (d) Description of how gift is helper to the space is needed. Ide duplicate copies of gift (e) Transfer of gift Ide duplicate copies of the space is name, address, and ZIP + 4 Relationship of transferor to transferee Ide duplicate copies of gift (c) Use of gift (d) Description of how gift is helper to the space is name, address, and ZIP + 4 Relationship of transferor to transferee Ide duplicate copies of gift (c) Use of gift (d) Description of how gift is helper to the space is name, address, and ZIP + 4 Relationship of transferor to transferee Ide duplicate copies of gift (e) Transfer of gift (d) Description of h		the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, of	umns (a) through (e) and the fo charitable, etc., contributions of \$1,00	0110WING line e 0 or less for the	ΠՄΥ. For organizations year. (Enter this info. once.) \$
from Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (d) Description of how gift is help (e) Transfer of gift (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (e) Transfer of gift		Use duplicate copies of Part III if additional	space is needed.		、 · ·
a) No. (e) Transfer of gift (a) No. (b) Purpose of gift (c) Use of gift (e) Transfer of gift (d) Description of how gift is help (e) Transfer of gift (e) Transfer of gift (f) No. (c) Use of gift (d) Description of how gift is help (e) Transfer of gift (e) Transfer of gift (f) No. (b) Purpose of gift (c) Use of gift (g) No. (b) Purpose of gift (c) Use of gift (e) Transfer of gift (c) Use of gift (d) Description of how gift is help (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (g) No. (h) Purpose of gift (c) Use of gift (d) Description of how gift is help (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is help (g) No. (h) Purpose of gift (c) Use of gift (d) Description of how gift is help	from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (f) No. (e) Transfer of gift (d) Description of how gift is held (f) No. (f) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (g) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) No. (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (g) Transfer of gift (g) Transfer of gift (g) Transfer of gift (g) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift <t< td=""><td><u> </u></td><td></td><td></td><td></td><td></td></t<>	<u> </u>				
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Part I If Part I	-				
Part I If Part I					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Second Se	a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
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	from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
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Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				-	
		Transferee's name, address, and	I ZIP + 4	Rel	ationship of transferor to transferee
	_				
3454_11-01-17 Schedule B (Form 990, 990-EZ, or 990	3454 11-01-17				Schedule B (Form 990, 990-EZ, or 990-PI

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527	OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service	Open to Public Inspection				
If the organization answ	wered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activ	vities), then			
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not complete Part I-C.				
 Section 501(c) (other 	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.				
 Section 527 organiza 	ations: Complete Part I-A only.				
If the organization answ	wered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), the	en			
 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) org 	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not co	omplete Part II-A.			
If the organization answ	wered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, F	Part V, line 35c (Proxy			

Tax) (see separate instructions), then

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

Nan	ne of organization HABI	TAT FOR H	IUMANITY OF METRO DENV	ER,		Emplo	yer identification number
	INC.						74-2050021
Pa	art I-A Complete if	the orgai	nization is exempt und	der section 501(c)	or is a section 5	527 or	ganization.
2	Political campaign activity	expenditure	on's direct and indirect polities				
Pa	art I-B Complete if	the orgai	nization is exempt und	der section 501(c)	(3).		
1	Enter the amount of any ex	xcise tax inc	curred by the organization un	der section 4955		.►\$_	
2	Enter the amount of any ex	xcise tax inc	curred by organization manag	ers under section 4955		.►\$_	
	If the organization incurred	d a section 4	955 tax, did it file Form 4720	for this year?			Ves No
							Ves No
-	If "Yes," describe in Part IN art I-C Complete if	V. the organ	nization is exempt und	dor soction 501(a)	over continn	501/0)/2)
					•	•	
			y the filing organization for se tion's funds contributed to o			, b	
2				-		►\$	
3			dd lines 1 and 2. Enter here			· · • -	
	line 17b			,	, 	▶\$	
4			20-POL for this year?				
5	made payments. For each contributions received that	organization t were prom	oyer identification number (E n listed, enter the amount pa ptly and directly delivered to ditional space is needed, pro	id from the filing organiz a separate political orga	zation's funds. Also e anization, such as a s	nter the	amount of political
	(a) Name		(b) Address	(c) EIN	(d) Amount paid t filing organizatio funds. If none, ent	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 INC.		74-205	5
Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and file	ed Form 5768 (el	ection under
· · · · · · · · · · · · · · · · · · ·			
5 5	igs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of exce			
B Check ▶ ☐ if the filing organization check	ked box A and "limited control" provisions apply.		
	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence put	olic opinion (grass roots lobbying)	1,885.	
b Total lobbying expenditures to influence a le	gislative body (direct lobbying)	13,964.	
c Total lobbying expenditures (add lines 1a an	d 1b)	15,849.	
d Other exempt purpose expenditures		17,475,950.	
e Total exempt purpose expenditures (add line	es 1c and 1d)	17,491,799.	
f Lobbying nontaxable amount. Enter the amo	ount from the following table in both columns.	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of	of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	enter -0-	0.	
j If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?			🗌 Yes 📃 No
	4-Year Averaging Period Under section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount			953,475.	1,000,000.	1,953,475.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					2,930,213.
c Total lobbying expenditures			2,325.	15,849.	18,174.
d Grassroots nontaxable amount			238,369.	250,000.	488,369.
e Grassroots ceiling amount (150% of line 2d, column (e))					732,554.
f Grassroots lobbying expenditures			1,796.	1,885.	3,681.

Schedule C (Form 990 or 990-EZ) 2017

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74-2050021 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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e 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?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	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				
	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	on 501(c)	(5), or se	ction	
	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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
	answered "Yes."		.,		•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		·····		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
	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, lines 1 a	and 2 (see	

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

Schedule C (Form 990 or 990-EZ) 2017

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Page 3

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 l **Open to Public** Inspection

Internal Revenue Service	
Name of the organizati	on

Department of the Treasury

HABITAT FOR HUMANITY OF METRO DENVER.

Employer identification number

INC	•

74 - 2050021

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	ls or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds	
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring	
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7	·
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically impo	rtant land area
	Protection of natural habitat	Preservation of a ce	rtified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forr	n of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements			
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	cture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel		he organizatio	n during the tax
	year 🕨			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		- f	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
		-		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easeme	nts during the year
	▶\$	-		
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 17	′0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s the organiza	tion's accounting for
	conservation easements.		-	-
Par	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or (Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and ba	ance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	rance of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic 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 tre	asures, or other similar assets for financ	ial gain, provi	de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		►	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2017
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	HABITAT FOR	R HUMANITY OF MI	ETRO DI	enver ,						
	dule D (Form 990) 2017 INC.							2050021		Page 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Other	⁻ Similar A	ssets	contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a sig	nificant use o	of its co	llection	items
	(check all that apply):									
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	ams				
b	Scholarly research	e	•	Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how tł	ney further t	he organizati	on's exem	pt purpose ii	n Part X	III.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								/es	No No
Pa	rt IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			, e. gui inzulia				,	,	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not ir	ncluded			
Ia	on Form 990, Part X?								/es	X No
h								🖵 '	163	
a	If "Yes," explain the arrangement in Part XIII	and complete the it	bilowing	lable.				•		
								A	mount	
c	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on F						y?	🗶 🛛	/es	No No
	If "Yes," explain the arrangement in Part XIII									X
Pa	rt V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Parl	t IV, line 10).			
		(a) Current year	(b) F	rior year	(c) Two year	rs back 🛛 (c	1) Three years	back (e	e) Four <u>:</u>	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
C										
	and programs									
	Administrative expenses									
g	End of year balance			. ,	<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	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	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	and administe	ered for the	e organizatio	n	_	
	by:							_		Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	Schedule R?	,				3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipn	<u>v</u>								
	Complete if the organization answere		0, Part IV	V, line 11a. S	See Form 990), Part X. li	ne 10.			
	Description of property	(a) Cost or c			t or other		cumulated	(4	l) Book	value
		basis (investi			(other)	• •	eciation	("	, 2000	. 4.40
19	Land	· · ·	,		、 <i>/</i>					
	Land				4,491,047.		1,023,053		3	467,994.
	Buildings									
	Leasehold improvements				250 501		690,385	_		382,015.
	Equipment				359,501.		244,375			115,126.
	Other				129,538.		112,166	·		17,372.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	: X, colur	mn (B), line 1	10c.)		🕨		3,	982,507.

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Schedule D (Form 990) 2017

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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 (2) Closely-held equity interests (3) Other (A) INVESTMENTS - DENVER FOUNDATION 4,756,346. END-OF-YEAR MARKET VALUE (B) $\langle \mathbf{n} \rangle$

(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,756,346.	
Part VIII Investments - Program Related.		

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INC.

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-of-year market value
(1) INVESTMENTS-HFHI-SA LEVERAGE IX, LLC	4,111,082.	COST
(2) INVESTMENTS-CCML LEVERAGE I LLC	1,598,151.	COST
(3) INVESTMENTS - HFHI NMTC LEVERAGE	2,933,529.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	8,642,762.	

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	9,171,610.
(2) ESCROW DEPOSITS HELD IN TRUST	264,125.
(3) OTHER DEPOSITS	41,153.
(4) DONATED PROPERTY	433,630.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,910,518.

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) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	HOME OWNER DEPOSITS	66,027.
(3)	DEFERRED RENT	129,460.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	195,487.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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) 2017

732053 10-09-17

HABITAT FOR HUMANITY OF METRO DENVER	HABITAT	FOR	HUMANITY	OF	METRO	DENVER
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	HABITAT FOR HUMANITY OF METRO DENVER,				
	dule D (Form 990) 2017 INC.			74-2050021	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	leturn.	
	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	24,583,797.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	156,848.		
b	Donated services and use of facilities	2 b	1,483,251.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	33,510.		
е	Add lines 2a through 2d			2e	1,673,609.
3	Subtract line 2e from line 1			3	22,910,188.
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.)			5	22,910,188.
Par	t XII Reconciliation of Expenses per Audited Financial State	ments With	n Expenses per	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	20,202,275.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,483,251.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	33,510.		
е	Add lines 2a through 2d			2e	1,516,761.
	Subtract line 2e from line 1			3	18,685,514.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
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	18,685,514.
Par	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.

PART IV, LINE 2B:

THE ORGANIZATION SERVICES THE MORTGAGES ON THE HOMES IT SELLS. 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 APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT

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Schedule D (Form 990) 2017

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Part XIII	Supplemental Information (continued)	
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Schedule D (Form 990) 2017

THE CONSOLIDATED FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE TAX

POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO

INC.

AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2018

IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE

RECORDED IN THE PERIOD ASSESSED AS OTHER OPERATING EXPENSE. NO INTEREST OR

PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSE

Schedule D (Form 990) 2017

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33,510.

33,510.

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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the c	e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.		or if the	OMB No. 1545-0047
Name of the organization	HABITAT FOR INC.	R HUMANITY OF METRO DENVER,					Employer id	entification number
	ing Activities	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
 Indicate whether the a Mail solicitate Mail solicitate Internet and Phone solicitate Internet and <l< td=""><td>ions email solicitations tations vlicitations on have a written o red in Form 990, P) highest paid indiv</td><td>sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu</td><td>tion of tion of fundra (inclue</td><td>non-g gover aising ding o ional f</td><td>overnment grants nment grants events fficers, directors, tru fundraising services?</td><td>stees</td><td>Ye</td><td></td></l<>	ions email solicitations tations vlicitations on have a written o red in Form 990, P) highest paid indiv	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total 3 List all states in whi or licensing.	ich the organizatic	on is registered or licensed to solicit	contrib	D utions	s or has been notified	d it is	exempt from	registration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schee	dule G (Form	990 or 990-EZ) 2017

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 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
			BREAKFAST	HOPS FOR HOMES		(add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	451,764.	12,584.		464,348.
	2	Less: Contributions	439,070.	9,212.	9,212.	
	3	Gross income (line 1 minus line 2)	12,694.	3,372.		16,066.
	4	Cash prizes				
ú	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,775.			3,775.
lirect E	7	Food and beverages	18,313.			18,313.
	8	Entertainment				
	9	Other direct expenses	859.	10,563.		11,422.
	10	Direct expense summary. Add lines 4 through		33,510.		
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	-17,444.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

nue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
s	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	Yes%	Yes%	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conduct a Is the organization licensed to conduct gaming ac b If "No," explain:	tivities in each of these	states?		Yes No
	a Were any of the organization's gaming licenses rep o If "Yes," explain:			year?	Yes No
7320				Schedule G (Fo	rm 990 or 990-EZ) 2017

HABITAT FOR HUMANITY OF METRO DENVER,

		74-2050021 Page 3	
11	Does the organization conduct gaming activities with nonmembers?	Yes	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	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party $ ightarrow$ \$		
C	: If "Yes," enter name and address of the third party:		
	Nama		
	Address		
10			
16	Gaming manager information:		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	∟⊔ No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, ⁻	10b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	
7320	83 09-13-17 Schedule G (For	m 990 or 99	0-EZ) 2017
	35		

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Schedule G (Form 990 or 990-EZ) Part IV Supplemental Inform	INC.		74-2050021	Page 4
Part IV Supplemental Inform	nation (continued)			
			Schedule G (Form 990	or 900 E7
732084 04-01-17			Schedule & (Form 990	UI 390-EZ)
		36		

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SCHEDULE I (Form 990)	(0) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Internal Revenue Service			Go to www.in	rs.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organizat	ion HABITAT FOR HU	JMANITY OF MET	TRO DENVER,					Employer identification number 74-2050021
Part I General Ir	nformation on Grants a	nd Assistance						74 2030021
1 Does the organiz	zation maintain records	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	otion
•	award the grants or assis		v		• •			
2 Describe in Part	IV the organization's pro	ocedures for moni	toring the use of grant	t funds in the Unite	d States.			
Part II Grants an	d Other Assistance to	Domestic Organi	izations and Domest	i c Governments. C	complete if the org	anization answered	/es" on Form 990, Par	t IV, line 21, for any
recipient t	hat received more than	\$5,000. Part II car	be duplicated if addi	tional space is need	ded.	(f) Mathead of	1	
	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 grant or assistance
121 HABITAT STREE		01 1014050	501 (0) (2)	250 150				
AMERICUS, GA 3170	19	91-1914868	501(C)(3)	258,150.	0.			TITHE PROGRAM
2 Enter total numb	per of section 501(c)(3) a	nd government or	rganizations listed in th	ne line 1 table			1	1.
	per of other organization	0	•					
LHA For Paperwork	Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2017)

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

HABITAT B	FOR	HUMANITY	OF	METRO	DENVER,	
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Schedule I (Form 990) (2017) INC.					74-2050021	Page 2
Part III Grants and Other Assistance to Domestic Indivi Part III can be duplicated if additional space is nee		e organization answ	ered "Yes" on Form S	990, Part IV, line 22.		
(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 noncas	h 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.

sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	/
•	Compensated Employees					
Dono	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.					ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio	N HABITAT FOR HUMANITY OF METRO DENVER,	Employer id	dentification	on nu	mber
		INC.	74-205	0021		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	onal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	cation and gross-up payments Health or social club dues or initiation fee	S.			
	Discretionary	spending account Personal services (such as, maid, chauffe	eur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the filing organization used to establish the compensation of the organiz				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	Form 990 of o	ther organizations	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		ce payment or change-of-control payment?				X X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		
	If "Yes" to any of lif	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only costion E01/	(2) E01(a)(4) and E01(a)(20) executivations must complete lines E.0.				
5		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. On Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
5	-		UI			
•	contingent on the r			5a		x
h	Any related organiz	ation?		5a 5b		x
U		ation? or 5b, describe in Part III.		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
Ŭ	contingent on the r		011			
а	•			6a		x
		ation?				x
~		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
•		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to		···· ·		
-		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in		···· •		
-		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990) 2017

732111 10-17-17

39 17001101 138837 4207-00 2017.04030 HABITAT FOR HUMANITY OF MET 4207-001

HABITAT FOR HUMANITY OF METRO DENVER,

INC.

Schedule J (Form 990) 2017

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 benefits			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) HEATHER LAFFERTY	(i)	141,226.	7,725.	0.	6,557.	5,340.	160,848.	0	
CEO/ EXECUTIVE DIRECTOR	(ii)	٥.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

74-2050021

Schedule J (Form 990) 2017

Page 3

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) 2017

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

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

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

Name of the organization

HABITAT FOR HUMANITY OF METRO DENVER,

Employer identification number 74-2050021

20

	INC.	
rt I	Types of Property	

TAI FOR HOMANIII OF MEIRO DENVER,

(a) Check if applicable (b) Check if applicable (c) Contributions or contributions or ferm 90, Part VIII, line 1g (d) Method of determining noncash contribution amounts 1 Art - Works of art	Pa	t I Types of Property								
applicable contributions or larmounts reported on growt Steparted Stepart		Check if Number of Noncash contribution Method of de								
2 Art - Historical treasures			applicable						S	
2 Art - Historical treasures	1 Art - Works of art									
3 Art - Fractional interests	2 Art - Historical treasures									
4 Books and publications	3									
5 Clothing and household goods X 2 1,100. FAIR MARKET VALUE 6 Cars and other vehicles X 2 1,100. FAIR MARKET VALUE 8 Intellectual property Intellectual property Intellectual property Intellectual property 9 Securities - Publicly traded X 11 67,793. FAIR MARKET VALUE 10 Securities - Partnership, LLC, or trust interests Interests Intellectual conservation contribution - Historic structures 12 Securities - Naiscellaneous Interests Interests Interests 13 Qualified conservation contribution - Historic structures Interests Interests Interests 14 Qualified conservation contribution - Other Interests Interests Interests 15 Real estate - Cohrenercial X 1 435,000. FAIR MARKET VALUE Interests 16 Real estate - Other Interests Interests Interests Interests 18 Collectibles Interests Interests Interests Interests 20 Drugs and medical supples Interests Interests Interests Intere	4									
6 Cars and other vehicles X 2 1,100.PAIR MARKET VALUE 7 Boats and planes 8 Intellectual property X 11 87,793.PAIR MARKET VALUE 9 Securities - Publicly traded X 11 87,793.PAIR MARKET VALUE 10 Securities - Closely held stock 11 Securities - Niscellaneous 12 Securities - Miscellaneous 13 Qualified conservation contribution - Other 14 Qualified conservation contribution - Other 14 Qualified conservation contribution - Other 15 Real estate - Commercial X 1 435,000.PAIR MARKET VALUE 16 Real estate - Other 17 Real estate - Other 18 Food inventory <	5									
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 87, 793. FATR MARKET VALUE 12 Securities - Publicly traded 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 23 Scientific specimens 24 Archeological attracts 25 Other ► () 26 Other ► () 27 Other ► () 28 During the year, did the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must held for at least three years from the date of the initial contribution, and which isn't required to be used for	6									
8 Intellectual property X 11 87,793. FAIR MARKET VALUE 9 Securities - Closely held stock X 11 87,793. FAIR MARKET VALUE 10 Securities - Partnership, LLC, or trust interests X 11 87,793. FAIR MARKET VALUE 12 Securities - Miscellaneous X 1 10 10 13 Qualified conservation contribution - Historic structures X 1 435,000. FAIR MARKET VALUE 14 Qualified conservation contribution - Other X 1 435,000. FAIR MARKET VALUE 15 Real estate - Commercial X 1 435,000. FAIR MARKET VALUE 17 Real estate - Other X 1 435,000. FAIR MARKET VALUE 16 Real estate - Other X 1 435,000. FAIR MARKET VALUE 17 Real estate - Other X 1 435,000. FAIR MARKET VALUE 18 Collectibles X 1 435,000. FAIR MARKET VALUE 20 Drugs and medical supplies X 1 435,000. FAIR MARKET VALUE 21 Taxidermy X 49 302,006. FAIR MARKET VALUE	7									
9 Securities - Publicly traded X 11 87,793.FAIR MARKET VALUE 10 Securities - Closely held stock	8									
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 - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historic atrifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (CONSTRUCT MAT)) 26 Other ▶ (CONSTRUCT MAT)) 28 Other ▶ (CONSTRUCT MAT)) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 20 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	9		Х	11	87,793.	FAIR MARKET VALU	3			
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 25 Other ▶ (()) 26 Other ▶ (()) 29 Yes Yes Yes	10	Securities - Closely held stock								
12 Securities · Miscellaneous	11	Securities - Partnership, LLC, or								
13 Qualified conservation contribution ·		trust interests								
Historic structures	12	Securities - Miscellaneous								
14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (CONSTRUCT MAT) 26 Other ► (CONSTRUCT MAT) 27 Other ► (CONSTRUCT MAT) 28 Other ► (CONSTRUCT MAT) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a 30a 30a 30a 30a 30a 30a 30a 30b 30a 30a 30b 30a 30b 30b 30b 30c 30c 30a 30b 30b 30c 30c 30a 30a 30b 30b 30b 30c 30c 30c 30c 30b 30c 30c 30c 30c 30c 30c 30c 30c	13	Qualified conservation contribution -								
15 Real estate - Residential X 1 435,000. FAIR MARKET VALUE 16 Real estate - Commercial Image: State - Other Ima		Historic structures								
16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (26 Other ► (27 Other ► (28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	14	Qualified conservation contribution - Other								
17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (((((())))) 26 Other ► ((((()))) 27 Other ► ((((()))) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 20 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	15	Real estate - Residential	X	1	435,000.	FAIR MARKET VALU	3			
18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (CONSTRUCT MAT 26 Other ► (CONSTRUCT MAT 27 Other ► (29 29 Yes Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes Yes	16									
19 Food inventory	17									
20 Drugs and medical supplies	18									
21 Taxidermy	19									
22 Historical artifacts	20	Drugs and medical supplies								
23 Scientific specimens	21									
24 Archeological artifacts	22									
25 Other ▶ (CONSTRUCT MAT) X 49 302,006.FAIR MARKET VALUE 26 Other ▶ () 20 27 Other ▶ () 28 28 Other ▶ () 20 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	23									
26 Other ▶ ()	24									
27 Other ▶ ()	25	· · · · · · · · · · · · · · · · · · ·	X	49	302,006.	FAIR MARKET VALU	3			
28 Other ► ())	26	Other ()								
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Yes No		· · /								
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for										
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Yes No										
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		for which the organization completed Form 8283, Part IV, Donee Acknowledgement								
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	00-	20. During the year did the experimetion receive by contribution and experiments in part 1 lines 1 through 00 that it								
	30a									
									v	
b If "Voo " departing the arrangement in Part II	h								<u>л</u>	
		b If "Yes," describe the arrangement in Part II.								
		Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X contributions? 32a X X	JZd			-			322	x		
contributions? 32a X b If "Yes," describe in Part II.	h						JZa			
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 		-	olumn (c) fo	r a type of proport	v for which column (a) is abo	ockod				
describe in Part II.	00	-			y to which countin (a) is che	undu,				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 201	ΙΗΔ		the Instruc	tions for Form 90	0.	Schedule M	l (Forn	n 990)	2017	

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Schedule M (Form 990) 2017 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) 2017

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17001101 138837 4207-00

Page **2**

74-2050021

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the organizatio	HABITAT FOR HUMANITY OF METRO DENVER,		er identification number
	INC.	74-20	50021
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
FAMILIES AND HABIT	AT. THE HOMES ARE SOLD WITH NO PROFIT MOTIVE, USING		
NO-INTEREST AND BE	LOW MARKET INTEREST RATE LOANS. FAMILIES MAKE A DOWN		
PAYMENT AND ALSO C	ONTRIBUTE 250-500 HOURS OF SWEAT-EQUITY TO HELP BUILD		
THEIR OWN HOME, AS	WELL AS THE HOMES OF OTHER HABITAT FAMILIES. THEIR		
MONTHLY MORTGAGE P	AYMENT HELPS FUND MORE HABITAT HOMES. OUR HOMEOWNER		
FAMILIES ALSO PART	ICIPATE IN HOME BUYER EDUCATION CLASSES WHICH HELP		
FOSTER INCREASED E	CONOMIC INDEPENDENCE AND SELF-RELIANCE. FAMILIES WHO		
QUALIFY TO PURCHAS	E A HABITAT HOME ARE CURRENTLY IN NEED OF DECENT,		
STABLE AND AFFORDA	BLE HOUSING, ARE WILLING TO HELP BUILD THEIR HOME,		
AND MEET OUR FINAN	CIAL REQUIREMENTS.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FINANCE & AUDI	T COMMITTEE REVIEWS THE FORM 990 IN DETAIL BEFORE IT IS		
FILED. THE BOARD C	F DIRECTORS ALSO REVIEWS THE FORM 990 BEFORE THE RETURN		
IS FILED.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
THE BOARD OF DIREC	TORS AND CEO ANNUALLY REVIEW THE CONFLICT OF INTEREST		
POLICY AND SIGN AN	ANNUAL CERTIFICATION DISCLOSING THAT IF ANY CONFLICTS OF		
INTEREST ARISE, TH	EY WILL NOTIFY THE BOARD AND RECUSE THEMSELVES FROM ANY		
VOTES PERTAINING T	O THE CONFLICT.		
FORM 990, PART VI,	SECTION B, LINE 15:		
ANNUAL PERFORMANCE	APPRAISALS ARE CONDUCTED. THE CEO IS RESPONSIBLE FOR		
CONDUCTING REVIEWS	OF EACH MEMBER OF THE LEADERSHIP TEAM; THE BOARD OF		
-	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	nedule O (Fo	rm 990 or 990-EZ) (2017)
732211 09-07-17	44		

17001101 138837 4207-00

2017.04030 HABITAT FOR HUMANITY OF MET 4207-001

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization HABITAT FOR HUMANITY OF METRO DENVER,	Page 2 Employer identification number 74-2050021
INC.	74-2050021
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	
APPRAISAL, IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL.	
THE EXECUTIVE COMMITTEE MAINTAINS THE NECESSARY DOCUMENTATION REGARDING THE	
COMPENSATION SETTING PROCESS IN ITS MINUTES.	
	Schedule O (Form 990 or 990-EZ) (20

17001101 138837 4207-00 2017.04030 HABITAT FOR HUMANITY OF MET 4207-001

Name of the organization HABITAT FOR HUMANITY OF METRO DENVER, INC.	Employer identification num 74-2050021
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
INANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
/32212 09-07-17	Schedule O (Form 990 or 990-EZ) (2
46 01101 138837 4207-00 2017.04030 HABITAT FOR	

SCHEDULE R	Poloted Organizations and Unrelated Portnerships	ŗ	OMB No. 1545-0047
(Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.		2017
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
Name of the organizat	HABITAT FOR HUMANITY OF METRO DENVER,	Employer id	entification number
	INC.	74-20500	021

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
HFHMD FUNDING COMPANY I, LLC					
3245 ELIOT STREET	7				
DENVER, CO 80211	SECURING LOANS	COLORADO	0.	٥.	HFHMD
AFFORDABLE MORTGAGE SOLUTIONS					
3245 ELIOT STREET	MORTGAGE ORIGINATION &				
DENVER, CO 80211	SERVICING	COLORADO	0.	0.	hfhmd
	7				

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

(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	Section 5 contr ent	
				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	x	

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

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 INC.

Part III Identification of Related Or organizations treated as a particular organization of Related Or organizations treated as a particular organization of Related Or organization of	ganizations Taxable artnership during the t	as a Partn ax year.	ership. Complete i	f the organi	zation answe	ered "Ye	es" on Forr	n 990, P	art IV, line	e 34, b	ecaus	e it had one or	more	e related	d	
(a)	(b)	(c)	(d)		(e)		(f)		(g)	()	h)	(i)		(j)	(k)	,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomin (related, excluded fr	nant income unrelated, om tax under 5 512-514)	Share	e of total come	Sha end-	are of of-year sets	Disprop	ortionate tions?	Code V-UB amount in b 20 of Schedu K-1 (Form 10	ox mule	General or managing partner?	Percen owner	tage ship
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable	as a Corpo	pration or Trust. C year.	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it h	ad on	ie or mo	ore rela	ted
(a) Name, address, and E of related organizatio	IN n	Prim	(b) ary activity	(c) Legal domicile (state or foreign	(d) Direct cont entity	trolling	(e) Type of (C corp, s	entity S corp,	(f Share c inco	of total		end-of-year	Perce	(h) entage ership	(i) Section 512(b) control entity	(13) Iled
				country)			or tru	ist)				assets	ĺ	ļ		No

74-2050021 Page **2**

HABITAT	FOR	HUMANITY	OF	METRO	DENVER,	
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Schedule R (Form 990) 2017 INC.

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Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		х
е	Loans or loan guarantees by related organization(s)	1e		х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
ο	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		х
S	Other transfer of cash or property from related organization(s)	1s		х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(</u> 3)			
(5)			
<u>(6)</u>	49		
732163 09-11-17	49		Schedule R (Form 990) 2017

HABITAT FOR HUMANITY OF METRO DENVER,

Schedule R (Form 990) 2017 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.

(-)	(h)		(a)			(4)	(11)		-)	(1)	(3)	(1.)
(a)	(b)	(c)	(d)	(€ Are partner 501(c org	all	(f)	(g)		1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	rs sec.	Share of	Share of	Dispr tior	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	Percentage
of entity		(state or foreign	excluded from tax under	org	s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownersnip
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 INC.				74-205002	1 Pa
Part VII Supplemental Information.	to questions O	abadula D. O	notu1'		
Provide additional information for responses	to questions on S	chedule R. See I	nstructions		
32165 09-11-17		E 1		Schedule F	R (Form 990
		51		OF MET	