

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **07/01/16** , and ending **06/30/17**

**HABITAT FOR HUMANITY
OF SPRINGFIELD, INC**

43-1470360

Net Asset / Fund Balance at Beginning of Year 3,664,446

Revenue

Contributions	<u>1,102,010</u>	
Program service revenue	<u>2,019,776</u>	
Investment income	<u>19,362</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>151,442</u>	
Direct expenses	<u>42,137</u>	
Net income	<u>109,305</u>	
Other income	<u>4,677</u>	
Total revenue		<u>3,255,130</u>

Expenses

Program services	<u>2,825,853</u>	
Management and general	<u>88,184</u>	
Fundraising	<u>213,362</u>	
Total expenses		<u>3,127,399</u>

Excess / (deficit) 127,731

Changes 8

Net Asset / Fund Balance at End of Year 3,792,185

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Reconciliation of Revenue

Total revenue per financial statements	<u>1,696,741</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	<u>1,558,389</u>
Total revenue per return	<u><u>3,255,130</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,569,003</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	<u>1,558,396</u>
Total expenses per return	<u><u>3,127,399</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,899,729</u>	<u>4,022,741</u>	
Liabilities	<u>235,283</u>	<u>230,556</u>	
Net assets	<u><u>3,664,446</u></u>	<u><u>3,792,185</u></u>	<u>127,739</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/18
 Failure to file penalty _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 20 17

2016

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization HABITAT FOR HUMANITY OF SPRINGFIELD, INC	Employer identification number 43-1470360
Name and title of officer GLENN GREEN VICE PRESIDENT	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	3,255,130
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BRS, CPAS PC** to enter my PIN **70360** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } **11/01/17**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43241194382
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } _____ Date } **11/01/17**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HABITAT FOR HUMANITY OF SPRINGFIELD, INC		D Employer identification number 43-1470360
	Doing business as		E Telephone number 417-829-4001
	Number and street (or P.O. box if mail is not delivered to street address) 2410 S SCENIC AVENUE	Room/suite	G Gross receipts \$ 3,297,267
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD MO 65807		
F Name and address of principal officer: GLENN GREEN 2410 S SCENIC AVE SPRINGFIELD MO 65807			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.HABITATSPRINGFIELDMO.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1988	M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	24
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	35
	6 Total number of volunteers (estimate if necessary)		6	5941
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, line 31		7b	0	
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		266,303	1,102,010
	9 Program service revenue (Part VIII, line 2g)		2,003,452	2,019,776
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,904	19,362
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		133,295	113,982
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,406,954	3,255,130	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,124,022	1,167,572
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) u 213,362			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,255,971	1,959,827
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,379,993	3,127,399	
19 Revenue less expenses. Subtract line 18 from line 12		26,961	127,731	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		3,899,729	4,022,741
	22 Net assets or fund balances. Subtract line 21 from line 20		235,283	230,556
		3,664,446	3,792,185	

Part II Signature Block

Under penalties of perjury, 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 GLENN GREEN	Date _____
	Type or print name and title VICE PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name DARIN C RAMLOW	Preparer's signature _____	Date 12/08/17	Check <input type="checkbox"/> if self-employed PTIN P01047159
	Firm's name } BRS, CPAS PC	Firm's EIN } 20-5694382		
	Firm's address } 3854 SOUTH AVE SPRINGFIELD, MO 65807-5285	Phone no. 417-877-0505		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,825,853** including grants of \$) (Revenue \$ **2,019,776**)

HABITAT FOR HUMANITY IS NOT JUST IN THE HOME BUILDING AND REPAIR BUSINESS...WE'RE IN THE PEOPLE HELPING BUSINESS. THE HABITAT FOR HUMANITY OF SPRINGFIELD AFFILIATE

***PLACED 4 NEW HOMEOWNER FAMILIES IMPACTING 9 PEOPLE'S LIVES;**

***PERFORMED 88 HOME PRESERVATION AND REPAIR PROJECTS IMPACTING 89**

PEOPLE'S LIVES AND

***FILLED 5,941 VOLUNTEER SPOTS GENERATING @ 34,650 VOLUNTEER HOURS FOR AN ESTIMATED VALUE OF \$816,354.**

HABITAT TRIES TO FILL AND TRACK THE PARTNER FAMILY HOME BUYING AND HOME REPAIR APPLICATION PIPELINES, ASSISTS OUR MORTGAGE COMPANY IN MANAGING OVER 80 MORTGAGES, SUPPORTS THE EFFORTS OF TEN STANDING COMMITTEES WHILE

COPY

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 2,825,853**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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 during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

COPY

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: **u**

LARRY PETERSON **2410 SOUTH SCENIC AVENUE** **MO 65807** **417-829-4001**
SPRINGFIELD

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELE RISDAL-BARNES	2.00									
PAST PRESIDENT	0.00	X		X			0	0	0	
(2) GENE O'DELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) NICKIE BLAND	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) CHRIS KRANS	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) STACEY CLEM	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) TRINA COWAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) GLENDA DEFONTES	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) TERESA FLETCHER	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) LUKE FRASER	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) GLENN GREEN	5.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(11) AMY SHELLEY-KING	1.50									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOE STOKES	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) GREG WEAVER	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) DANIEL WOOTEN	5.00									
PRESIDENT	0.00	X		X			0	0	0	
(15) KAYSHIA ROSENBURY	4.00									
SECRETARY	0.00	X		X			0	0	0	
(16) JANELL BAGWELL	1.50									
DIRECTOR	0.00	X					0	0	0	
(17) NICK SANDERS	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) KAREN SCHAEFER	4.00									
DIRECTOR	0.00	X					0	0	0	
(19) KYRIE STEWART	2.00									
TREASURER	0.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	124,966			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	977,044			
	g Noncash contributions included in lines 1a-1f: \$		878,510			
	h Total. Add lines 1a-1f	u	1,102,010			
Program Service Revenue	2a RESTORE SALES	Busn. Code	1,541,588	1,541,588		
	b SALE OF HOMES		226,557	226,557		
	c AMORTIZATION OF DISCOUNTS		216,314	216,314		
	d PRESERVATION AND REPAIR		35,317	35,317		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u	2,019,776			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	19,362	19,362		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
d Net gain or (loss)	u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	151,442				
	b Less: direct expenses	b	42,137			
	c Net income or (loss) from fundraising events	u	109,305			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS INCOME		4,677	4,677			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u	4,677				
12 Total revenue. See instructions.	u	3,255,130	2,043,815	0	0	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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				
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				
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	973,174	842,426	38,361	92,387
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	120,831	106,305	3,639	10,887
10 Payroll taxes	73,567	63,601	2,920	7,046
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	57,091	41,936	11,005	4,150
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	83,935	26,827	206	56,902
13 Office expenses	15,642	13,446	304	1,892
14 Information technology	23,220	15,401	1,549	6,270
15 Royalties				
16 Occupancy	84,044	70,511	6,017	7,516
17 Travel	20,625	14,631	2,622	3,372
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,387	4,943	1,313	1,131
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,615	55,496	323	796
23 Insurance	109,001	89,565	5,616	13,820
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESTORE EXPENSE	824,535	824,535		
b COST OF HOMES SOLD	296,391	296,391		
c MORTGAGE DISCOUNTS	109,109	109,109		
d TITHE	45,000	45,000		
e All other expenses	227,232	205,730	14,309	7,193
25 Total functional expenses. Add lines 1 through 24e	3,127,399	2,825,853	88,184	213,362
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	858,858	1	524,999
	2	Savings and temporary cash investments		2	381,434
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	77,439	4	75,880
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	27,331	8	17,275
	9	Prepaid expenses and deferred charges	58,318	9	48,893
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,182,561		
	b	Less: accumulated depreciation	10b 356,194	10c	826,367
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,285,562	15	2,147,893
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,899,729	16	4,022,741	
Liabilities	17	Accounts payable and accrued expenses		17	46,880
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	235,283	25	183,676
	26	Total liabilities. Add lines 17 through 25	235,283	26	230,556
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,625,738	27	3,773,977
	28	Temporarily restricted net assets	38,708	28	18,208
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,664,446	33	3,792,185	
34	Total liabilities and net assets/fund balances	3,899,729	34	4,022,741	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,255,130
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,127,399
3	Revenue less expenses. Subtract line 2 from line 1	3	127,731
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,664,446
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,792,185

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) KRIS CALLEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) MATT CASH	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) AMANDA DUMEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(23) DANA ELWELL	2.00									
DIRECTOR	0.00	X					0	0	0	
(24) LARRY PETERSON	50.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	

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1b Sub-total	u
c Total from continuation sheets to Part VII, Section A	u
d Total (add lines 1b and 1c)	u

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization HABITAT FOR HUMANITY OF SPRINGFIELD, INC	Employer identification number 43-1470360
---	---

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	248,135	356,620	323,860	266,303	1,102,010	2,296,928
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	49,393	76,201	96,063	122,062	2,195,257	2,538,976
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,471,701	1,661,865	1,858,826	2,040,162		7,032,554
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,769,229	2,094,686	2,278,749	2,428,527	3,297,267	11,868,458
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.)						11,868,458

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	1,769,229	2,094,686	2,278,749	2,428,527	3,297,267	11,868,458
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,151	4,242	4,363	3,904	19,362	36,022
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,151	4,242	4,363	3,904	19,362	36,022
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.)	1,773,380	2,098,928	2,283,112	2,432,431	3,316,629	11,904,480
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.70 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.81 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section 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? <i>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.</i>		
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? <i>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.</i>		
2		

Section 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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016			
2 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization HABITAT FOR HUMANITY OF SPRINGFIELD, INC	Employer identification number 43-1470360
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Organization type (check one):

- | | |
|--------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization HABITAT FOR HUMANITY	Employer identification number 43-1470360
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LORI DAVIS 727 N WARREN AVE SPRINGFIELD MO 65803	\$ 7,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	MARVIN AND JANICE JONES 2636 W NICHOLS STREET SPRINGFIELD MO 65803	\$ 58,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	KTTS 2330 W. GRAND SPRINGFIELD MO 65802	\$ 39,100	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALPINE WOOD PRODUCTS PO BOX 215 MARIONVILLE MO 65705	\$ 500,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	JEAN W STOKKE TRUST PO BOX 10327 SPRINGFIELD MO 65808	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PRO1 1111 S GLENSTONE AVENUE SPRINGFIELD MO 65804	\$ 250,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization HABITAT FOR HUMANITY	Employer identification number 43-1470360
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EDGE SUPPLY 1920 E TRAFFICWAY ST SPRINGFIELD MO 65802	\$ 7,496	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	CAROL CRAIGHEAD 3258 S FARM ROAD 87 REPUBLIC MO 65738	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	417 MAGAZINE 2111 S EASTGATE AVENUE SPRINGFIELD MO 65809	\$ 10,414	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	LITTRELL ELECTRIC 6721 RED OAK PL WILLARD MO 65781	\$ 6,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization HABITAT FOR HUMANITY	Employer identification number 43-1470360
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	PLOT OF LAND	\$ 7,500	
2	HOUSE	\$ 58,000	
3	ADVERTISING	\$ 39,100	03/24/17
4	MILLED HARDWOOD	\$ 500,000	10/19/16
6	THERMOSTATS	\$ 250,000	03/20/17
7	SHOWERS AND TUBS	\$ 7,496	05/30/17

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Name of organization HABITAT FOR HUMANITY	Employer identification number 43-1470360
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	<p>MARKETING</p> <p>.....</p> <p>.....</p> <p>.....</p>	\$ 10,414	03/01/17
10	<p>ELECTRICAL WORK</p> <p>.....</p> <p>.....</p> <p>.....</p>	\$ 6,000	11/01/16
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF SPRINGFIELD, INC

Employer identification number

43-1470360

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

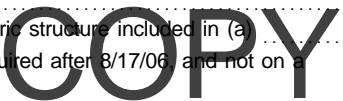
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and questions about monitoring and reporting.



Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		822,310	129,733	692,577
c Leasehold improvements		47,260	9,386	37,874
d Equipment		312,991	217,075	95,916
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	826,367

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		



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) MORTGAGES RECEIVABLE	1,627,441
(2) CONSTRUCTION IN PROGRESS	319,705
(3) LAND HELD FOR DEVELOPMENT	200,747
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	2,147,893

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) NSP LOAN	110,448	
(3) ACCRUED EXPENSES	62,334	
(4) NOTE PAYABLE-AFFILIATE	6,594	
(5) FUNDS HELD IN ESCROW	4,300	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	183,676	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,696,741
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,696,741
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,558,389
c	Add lines 4a and 4b	4c	1,558,389
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,255,130

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,569,003
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,569,003
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,558,396
c	Add lines 4a and 4b	4c	1,558,396
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,127,399

COPY

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 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 XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

RESTORE EXPENSES	\$ 794,671
DONATED MATERIALS	\$ 757,496
ANNUAL MEETING	\$ 6,225
ROUNDING	\$ -3

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

RESTORE EXPENSES	\$ 794,671
DONATED MATERIALS	\$ 757,496
ANNUAL MEETING	\$ 6,225
ROUNDING	\$ 4

Part XIII Supplemental Information *(continued)*

COPY

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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

⚡ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

**HABITAT FOR HUMANITY
OF SPRINGFIELD, INC**

Employer identification number

43-1470360

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

COPY

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

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	(d) Total events
		<u>TOOL BELTS AND</u>	<u>PRICE CUTTER GO</u>	<u>1</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	122,255	16,189	9,398	147,842
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	122,255	16,189	9,398	147,842
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	42,137			42,137
	10 Direct expense summary. Add lines 4 through 9 in column (d)				42,137
11 Net income summary. Subtract line 10 from line 3, column (d)				105,705	

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.

		(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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

**HABITAT FOR HUMANITY
OF SPRINGFIELD, INC**

Employer identification number

43-1470360

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential	X	1	58,000	FMV
16 Real estate — Commercial				
17 Real estate — Other	X	1	7,500	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (BDG MATERIAL)	X	1	757,496	FMV
26 Other u (MARKETING)	X	1	49,514	FMV
27 Other u (ELECTRICAL)	X	1	6,000	FMV
28 Other u ()				

COPY

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**

	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 exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization	HABITAT FOR HUMANITY OF SPRINGFIELD, INC	Employer identification number 43-1470360
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FORM 990 - ORGANIZATION'S MISSION

TO WORK IN PARTNERSHIP WITH GOD AND PEOPLE EVERYWHERE TO DEVELOP COMMUNITIES WITH PEOPLE IN NEED BY BUILDING AND RENOVATING HOUSES SO THAT THEY ARE SAFE, DECENT, AFFORDABLE HOUSES IN WHICH EVERY PERSON CAN EXPERIENCE GOD'S LOVE AND CAN LIVE AND GROW INTO ALL THAT GOD INTENDS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

ADHERING TO OUR AGGRESSIVE GRANT REQUIRED CONSTRUCTION SCHEDULE. WE ALSO PRO-ACTIVELY MAINTAIN OUR SUPPORT FOR THE NW PROJECT, THE IMPACTING POVERTY COMMISSION, AND CHAIR THE CPO HOUSING COLLABORATIVE. TO HELP GROW OUR NEIGHBORHOOD REVITALIZATION INITIATIVE, WE ARE RECHARGING OUR LOCAL FAITH COALITION AND WORKING WITH THE COLLECTIVE IMPACT COMMITTEE AND OTHER POVERTY REDUCTION INITIATIVES. THE AFFILIATE SELECTED THE WOODLAND HEIGHTS NEIGHBORHOOD AS THEIR TARGETED NEIGHBORHOOD REVITALIZATION COMMUNITY. OUR RESTORE, WHICH SELLS HOME-IMPROVEMENT RELATED ITEMS TO THE GENERAL PUBLIC, PLACED IN THE TOP 2% NATIONAL RANKING IN NET SALES AND TOP 3% FOR HIGHEST GROSS REVENUES WITH @ 3,464 RESTORE DONORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS FILED AFTER THOROUGH REVIEW BY MANAGEMENT AND TREASURER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

EXECUTIVE DIRECTOR'S COMPENSATION IS INCLUDED IN THE ANNUAL BUDGET AND IS REVIEWED & RECOMMENDED BY THE EXECUTIVE COMMITTEE USING LOCAL COMPARISON STUDIES AND THEN APPROVED BY THE BOARD OF DIRECTORS.

Name of the organization

Employer identification number

HABITAT FOR HUMANITY

43-1470360

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990 IS ACCESSIBLE ON OUR OWN WEBSITE; GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING	\$	8
DONATED MATERIALS	\$	757,496
DONATED MATERIALS	\$	-757,496
TOTAL	\$	8

COPY

Federal Statements

Indirect Depreciation

Statement 1 - Form 4562 - Election Made Under Section 1.168(i)-6(i)

Property Given Up

Property Received

FORKLIFT

RECEIVED IN TRADE FOR ASSET # 10

COPY

Form **4562**

Depreciation and Amortization SEE STMT 1
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.
u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return **HABITAT FOR HUMANITY
OF SPRINGFIELD, INC**

Identifying number
43-1470360

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	14,625
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	51,897

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		13,899	5.0	MQ	200DB	4,480
c 7-year property		725	7.0	MQ	200DB	77
d 10-year property						
e 15-year property		255,398	15.0	MQ	150DB	3,192
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	03/31/17	6,118	39 yrs.	MM	S/L	46
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,392
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	75,709
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25		
26 Property used more than 50% in a qualified business use:										
2002 CHEVY SILVERADO 1500										
	08/24/12	100.00 %	6,962	6,962	5.0	S/L-	1,392			
		%								
27 Property used 50% or less in a qualified business use:										
		%				S/L-				
		%				S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	1,392	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)	COPY											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form **8824**

Like-Kind Exchanges
(and section 1043 conflict-of-interest sales)
u Attach to your tax return.

OMB No. 1545-1190

2016

Attachment Sequence No. **109**

Department of the Treasury
Internal Revenue Service

u Information about Form 8824 and its separate instructions is at www.irs.gov/form8824.

Name(s) shown on tax return

**HABITAT FOR HUMANITY
OF SPRINGFIELD, INC**

Identifying number

43-1470360

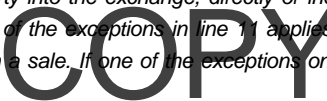
Part I Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

1	Description of like-kind property given up: FORKLIFT		
2	Description of like-kind property received: RECEIVED IN TRADE FOR ASSET # 10		
3	Date like-kind property given up was originally acquired (month, day, year)	3	11/21/01
4	Date you actually transferred your property to other party (month, day, year)	4	08/22/16
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement	5	08/22/16
6	Date you actually received the like-kind property from other party (month, day, year). See instructions	6	08/22/16

7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III Yes No

Note: Do not file this form if a related party sold property into the exchange, directly or indirectly (such as through an intermediary); that property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead, report the disposition of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, complete Part II.



Part II Related Party Exchange Information

8	Name of related party	Relationship to you	Related party's identifying number
Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)			

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange? Yes No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received? Yes No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is not the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.

11 If one of the exceptions below applies to the disposition, check the applicable box.

- a The disposition was after the death of either of the related parties.
- b The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation. See instructions.

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

**HABITAT FOR HUMANITY
OF SPRINGFIELD, INC**

43-1470360

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12		
13	Adjusted basis of other property given up	13		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14		
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.				
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions	15		
16	FMV of like-kind property you received	16		19,950
17	Add lines 15 and 16	17		19,950
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions	18		0
19	Realized gain or (loss). Subtract line 18 from line 17	19		19,950
20	Enter the smaller of line 15 or line 19, but not less than zero	20		0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies. See instructions	22		0
23	Recognized gain. Add lines 21 and 22	23		
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24		19,950
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25		0

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used only by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)	u		
27	Description of divested property u			
28	Description of replacement property u			
29	Date divested property was sold (month, day, year)	29		
30	Sales price of divested property. See instructions	30		
31	Basis of divested property	31		
32	Realized gain. Subtract line 31 from line 30	32		
33	Cost of replacement property purchased within 60 days after date of sale	33		
34	Subtract line 33 from line 30. If zero or less, enter -0-	34		0
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35		
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797. See instructions	36		0
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37		
38	Basis of replacement property. Subtract line 37 from line 33	38		

43-1470360

Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
53	Lawn Equipment: 12 weed eaters & 7 mowers	1/10/17	3,848		X	1,924	5 MQ200DB	0	2,213
57	Forklift- Received in trade for asset # 10	8/22/16	23,950		X	11,975	5 MQ200DB	0	16,166
			<u>27,798</u>			<u>13,899</u>		<u>0</u>	<u>18,379</u>
7-year GDS Property:									
54	Laptop for new admin assistant	3/27/17	1,451		X	725	7 MQ200DB	0	803
			<u>1,451</u>			<u>725</u>		<u>0</u>	<u>803</u>
15-year GDS Property:									
56	New Parking Lot	6/15/17	255,398			255,398	15 MQ150DB	0	3,192
			<u>255,398</u>			<u>255,398</u>		<u>0</u>	<u>3,192</u>
Non-Residential Real Property:									
58	3 new garage doors in North ReStore bldg.	3/31/17	6,118			6,118	39 MMS/L	0	46
			<u>6,118</u>			<u>6,118</u>		<u>0</u>	<u>46</u>
Other Depreciation:									
2	Printer Stand	3/08/96	76			76	7 MO S/L	76	0
3	Computer	9/24/07	1,050			1,050	5 MO S/L	1,050	0
4	Computer	1/03/08	1,800			1,800	5 MO S/L	1,800	0
5	Heaters for Warehouse	3/10/08	9,229			9,229	7 MO S/L	9,229	0
6	Equipment	7/30/08	780			780	5 MO S/L	780	0
7	Computer	9/01/09	840			840	5 MO S/L	840	0
8	Furnace	12/31/10	5,400			5,400	7 MO S/L	4,243	771
9	Website	12/31/10	6,465			6,465	5 MO S/L	6,465	0
10	Forklift	11/21/01	19,500			19,500	5 MO S/L	19,500	0
	Traded: 8/22/16								
11	Flatbed Freightliner	3/01/05	28,125			28,125	5 MO S/L	28,125	0
12	2002 Ford F-150	2/01/07	8,000			8,000	5 MO S/L	8,000	0
13	1998 Ford F-350 Van White	3/17/08	8,000			8,000	5 MO S/L	8,000	0
14	Jenkins Diesel Power	12/21/09	3,800			3,800	5 MO S/L	3,800	0
15	2008 Isuzu Truck/DNR Truck Grant	2/08/10	31,552			31,552	5 MO S/L	31,552	0
16	Handicap Run	1/10/08	2,246			2,246	10 MO S/L	1,909	225
17	Restore Sign	1/28/08	2,108			2,108	10 MO S/L	1,792	211
18	Sign	5/08/09	1,881			1,881	10 MO S/L	1,285	188
19	Restore Building	9/01/07	513,361			513,361	40 MO S/L	110,735	12,834
20	Furnace	3/31/12	4,050			4,050	7 MO S/L	2,459	578
21	Phone System	3/31/12	4,910			4,910	5 MO S/L	4,173	737
22	Ceiling Fan	8/08/12	6,208			6,208	7 MO S/L	3,473	887
23	Accounting Computer	3/29/13	896			896	5 MO S/L	583	179
26	HVAC System	6/12/14	4,115			4,115	7 MO S/L	1,225	588
27	Recycle Center	6/30/14	43,319			43,319	40 MO S/L	2,166	1,083
28	2005 Dodge	4/02/14	24,000			24,000	5 MO S/L	10,800	4,800
30	Utility Trailer	10/04/13	5,233			5,233	5 MO S/L	2,878	1,047
31	Playground	12/04/13	5,732			5,732	5 MO S/L	2,962	1,146
32	Scaffolding	2/26/14	7,331			7,331	5 MO S/L	3,421	1,466
33	Kubota Tractor	3/01/14	24,195			24,195	5 MO S/L	11,291	4,839
34	2015 Isuzu	6/19/14	41,671			41,671	5 MO S/L	16,668	8,335
35	Lighting	3/05/14	4,203			4,203	7 MO S/L	1,401	600
36	Dump Trailer	10/04/13	4,441			4,441	5 MO S/L	2,442	889
37	FUEL TANK & CONCRETE REMOVAL	12/22/14	3,404			3,404	15 MO S/L	340	227
38	NEW SERVER	10/16/14	2,119			2,119	5 MO S/L	706	424
39	WORKSTATIONS	11/24/14	2,535			2,535	5 MO S/L	803	507
40	BOX FOR NEW TRUCK	8/25/14	9,636			9,636	5 MO S/L	3,533	1,927
41	METAL SIDING BENDER/BRAKE & AC	2/20/15	3,000			3,000	5 MO S/L	800	600
42	Safe Room/Shelter	5/25/16	15,497			15,497	15 MO S/L	86	1,033
43	Computer- Melissa	12/08/15	1,687			1,687	5 MO S/L	197	337
44	Lawnmower	12/18/15	4,750			4,750	5 MO S/L	475	950
45	Cargo Utility Trailer- Construction	4/27/16	3,172			3,172	5 MO S/L	106	634
46	97 Chevy Truck- Construction	6/30/16	3,000			3,000	5 MO S/L	0	600
47	ReStore Parking Lot Rehab	1/21/16	22,125			22,125	15 MO S/L	615	1,475

43-1470360

Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
48	2 Laptops with docking stations	11/10/15	4,302			4,302	5 MO S/L	574	860
49	Laptop	11/10/15	2,057			2,057	5 MO S/L	274	412
50	Desktop Compuetr	4/04/16	1,539			1,539	5 MO S/L	77	308
51	Laptop	4/22/16	999			999	5 MO S/L	33	200
Total Other Depreciation			<u>904,339</u>			<u>904,339</u>		<u>313,742</u>	<u>51,897</u>
Total ACRS and Other Depreciation			<u>904,339</u>			<u>904,339</u>		<u>313,742</u>	<u>51,897</u>
Listed Property:									
24	2002 Chevy Silverado 1500	8/24/12	6,962			6,962	5 MO S/L	5,338	1,392
			<u>6,962</u>			<u>6,962</u>		<u>5,338</u>	<u>1,392</u>
Grand Totals			1,202,066			1,187,441		319,080	75,709
Less: Dispositions and Transfers			19,500			19,500		19,500	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,182,566</u>			<u>1,167,941</u>		<u>299,580</u>	<u>75,709</u>

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Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
37	FUEL TANK & CONCRETE REMOVAL	12/22/14	3,404		0	0	0	3,404
53	Lawn Equipment: 12 weeders & 7 mowers	1/10/17	3,848		0	1,924	0	1,924
54	Laptop for new admin assistant	3/27/17	1,451		0	726	0	725
57	Forklift- Received in trade for asset # 10	8/22/16	23,950		0	11,975	0	11,975
	Form 990, Page 1		<u>32,653</u>		<u>0</u>	<u>14,625</u>	<u>0</u>	<u>18,028</u>
	Grand Total		<u>32,653</u>		<u>0</u>	<u>14,625</u>	<u>0</u>	<u>18,028</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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43-1470360

Future Depreciation Report**FYE: 6/30/18**

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
53	Lawn Equipment: 12 weeders & 7 mowers	1/10/17	3,848	654	0
54	Laptop for new admin assistant	3/27/17	1,451	186	0
56	New Parking Lot	6/15/17	255,398	25,221	0
57	Forklift- Received in trade for asset # 10	8/22/16	23,950	3,114	0
58	3 new garage doors in North ReStore bldg.	3/31/17	6,118	157	0
			<u>290,765</u>	<u>29,332</u>	<u>0</u>

Other Depreciation:

2	Printer Stand	3/08/96	76	0	0
3	Computer	9/24/07	1,050	0	0
4	Computer	1/03/08	1,800	0	0
5	Heaters for Warehouse	3/10/08	9,229	0	0
6	Equipment	7/30/08	780	0	0
7	Computer	9/01/09	840	0	0
8	Furnace	12/31/10	5,400	386	0
9	Website	12/31/10	6,465	0	0
11	Flatbed Freightliner	3/01/05	28,125	0	0
12	2002 Ford F-150	2/01/07	8,000	0	0
13	1998 Ford F-350 Van White	3/17/08	8,000	0	0
14	Jenkins Diesel Power	12/21/09	3,800	0	0
15	2008 Isuzu Truck/DNR Truck Grant	2/08/10	31,552	0	0
16	Handicap Run	1/10/08	2,246	112	0
17	Restore Sign	1/28/08	2,108	105	0
18	Sign	5/08/09	1,881	188	0
19	Restore Building	9/01/07	513,361	12,834	0
20	Furnace	3/31/12	4,050	579	0
21	Phone System	3/31/12	4,910	0	0
22	Ceiling Fan	8/08/12	6,208	887	0
23	Accounting Computer	3/29/13	896	134	0
26	HVAC System	6/12/14	4,115	587	0
27	Recycle Center	6/30/14	43,319	1,083	0
28	2005 Dodge	4/02/14	24,000	4,800	0
30	Utility Trailer	10/04/13	5,233	1,046	0
31	Playground	12/04/13	5,732	1,146	0
32	Scaffolding	2/26/14	7,331	1,466	0
33	Kubota Tractor	3/01/14	24,195	4,839	0
34	2015 Isuzu	6/19/14	41,671	8,334	0
35	Lighting	3/05/14	4,203	601	0
36	Dump Trailer	10/04/13	4,441	888	0
37	FUEL TANK & CONCRETE REMOVAL	12/22/14	3,404	227	0
38	NEW SERVER	10/16/14	2,119	424	0
39	WORKSTATIONS	11/24/14	2,535	507	0
40	BOX FOR NEW TRUCK	8/25/14	9,636	1,928	0
41	METAL SIDING BENDER/BRAKE & ACCES.	2/20/15	3,000	600	0
42	Safe Room/Shelter	5/25/16	15,497	1,033	0
43	Computer- Melissa	12/08/15	1,687	338	0
44	Lawnmower	12/18/15	4,750	950	0
45	Cargo Utility Trailer- Construction	4/27/16	3,172	635	0
46	97 Chevy Truck- Construction	6/30/16	3,000	600	0
47	ReStore Parking Lot Rehab	1/21/16	22,125	1,475	0
48	2 Laptops with docking stations	11/10/15	4,302	860	0
49	Laptop	11/10/15	2,057	411	0
50	Desktop Computr	4/04/16	1,539	307	0
51	Laptop	4/22/16	999	200	0
	Total Other Depreciation		<u>884,839</u>	<u>50,510</u>	<u>0</u>

Total ACRS and Other Depreciation884,839 50,510 0**Listed Property:**

24	2002 Chevy Silverado 1500	8/24/12	6,962	232	0
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Future Depreciation Report **FYE: 6/30/18**

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			<u>6,962</u>	<u>232</u>	<u>0</u>
	Grand Totals		<u>1,182,566</u>	<u>80,074</u>	<u>0</u>

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SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2016
	For calendar year 2016, or tax year beginning 07/01/16 , and ending 06/30/17	

Name HABITAT FOR HUMANITY OF SPRINGFIELD, INC	Employer Identification Number 43-1470360
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		(a) Other event <u>TEXAS HOLDEM</u> <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	9,398			9,398
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	9,398			9,398
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

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Form 990	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning 07/01/16 , ending 06/30/17		

Name **HABITAT FOR HUMANITY OF SPRINGFIELD, INC** Taxpayer Identification Number **43-1470360**

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	179,078	977,044	797,966
	2. Membership dues and assessments			
	3. Government contributions and grants	87,225	124,966	37,741
	4. Program service revenue	2,003,452	2,019,776	16,324
	5. Investment income	3,904	19,362	15,458
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	96,585	109,305	12,720
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	36,710	4,677	-32,033
	12. Total revenue. Add lines 1 through 11	2,406,954	3,255,130	848,176
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	1,124,022	1,167,572	43,550
	17. Professional fundraising fees			
	18. Other professional fees	54,649	57,091	2,442
	19. Occupancy, rent, utilities, and maintenance	81,181	84,044	2,863
	20. Depreciation and Depletion	85,011	56,615	-28,396
	21. Other expenses	1,035,130	1,762,077	726,947
	22. Total expenses. Add lines 13 through 21	2,379,993	3,127,399	747,406
	23. Excess or (Deficit). Subtract line 22 from line 12	26,961	127,731	100,770
Other Information	24. Total exempt revenue	2,406,954	3,255,130	848,176
	25. Total unrelated revenue			
	26. Total excludable revenue	2,044,066	2,043,815	-251
	27. Total assets	3,899,729	4,022,741	123,012
	28. Total liabilities	235,283	230,556	-4,727
	29. Retained earnings	3,664,446	3,792,185	127,739
	30. Number of voting members of governing body	23	24	
	31. Number of independent voting members of governing body	23	24	
	32. Number of employees	27	35	
	33. Number of volunteers	6403	5941	

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Form 990	Tax Return History	2016
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Name	HABITAT FOR HUMANITY OF SPRINGFIELD, INC	Employer Identification Number 43-1470360
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	249,235	356,620	323,860	266,303	1,102,010	
Membership dues						
Program service revenue	1,459,230	1,648,462	1,853,106	2,003,452	2,019,776	
Capital gain or loss						
Investment income	4,151	4,242	4,363	3,904	19,362	
Fundraising revenue (income/loss)	36,246	49,287	49,682	96,585	109,305	
Gaming revenue (income/loss)						
Other revenue	8,320	13,403	6,439	36,710	4,677	
Total revenue	1,757,182	2,072,014	2,237,450	2,406,954	3,255,130	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		78,067	135,753			
Other compensation	506,417	863,289	849,708	1,124,022	1,167,572	
Professional fees		42,639	60,686	54,649	57,091	
Occupancy costs	21,298	93,293	75,875	81,181	84,044	
Depreciation and depletion	28,844	33,781	31,910	85,011	56,615	
Other expenses	1,155,741	898,855	933,052	1,035,130	1,762,077	
Total expenses	1,712,300	2,009,924	2,106,944	2,379,993	3,127,399	
Excess or (Deficit)	44,882	62,090	130,506	26,961	127,731	
Total exempt revenue	1,757,182	2,072,014	2,237,450	2,406,954	3,255,130	
Total unrelated revenue						
Total excludable revenue	1,757,182	1,666,107	1,863,908	2,044,066	2,043,815	
Total Assets	3,752,763	3,795,658	3,872,063	3,899,729	4,022,741	
Total Liabilities	307,863	288,668	234,567	235,283	230,556	
Net Fund Balances	3,444,900	3,506,990	3,637,496	3,664,446	3,792,185	

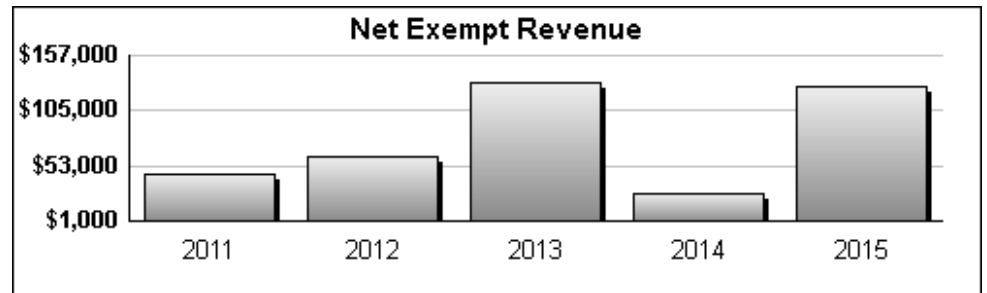
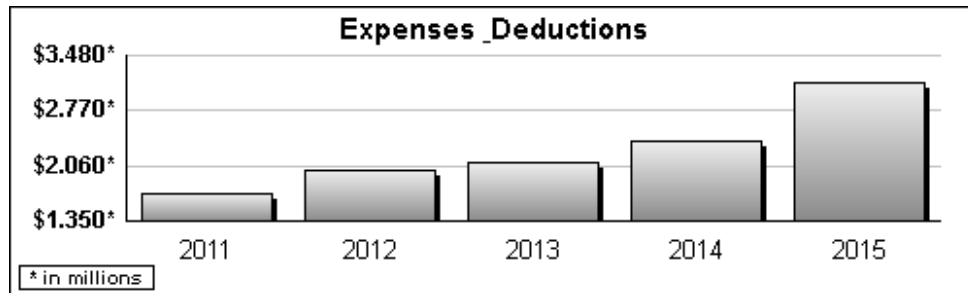
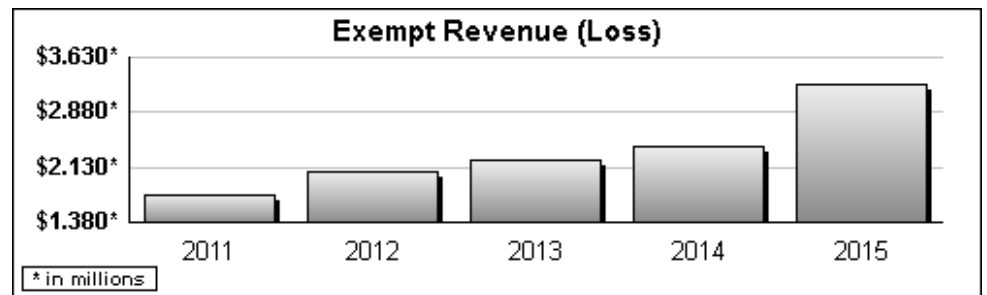
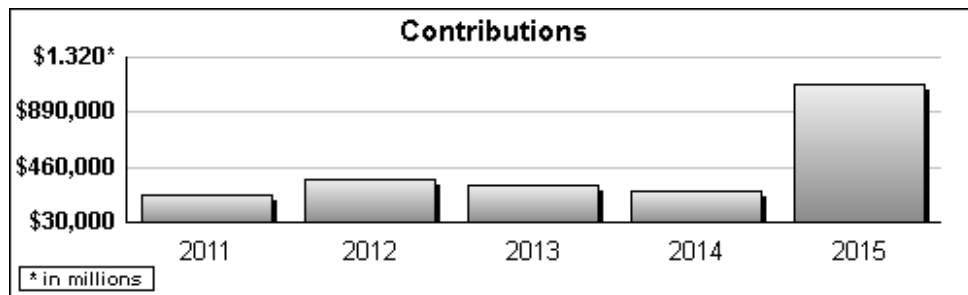
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Form 990T	Tax Return History	2016
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Name HABITAT FOR HUMANITY OF SPRINGFIELD, INC	Employer Identification Number 43-1470360
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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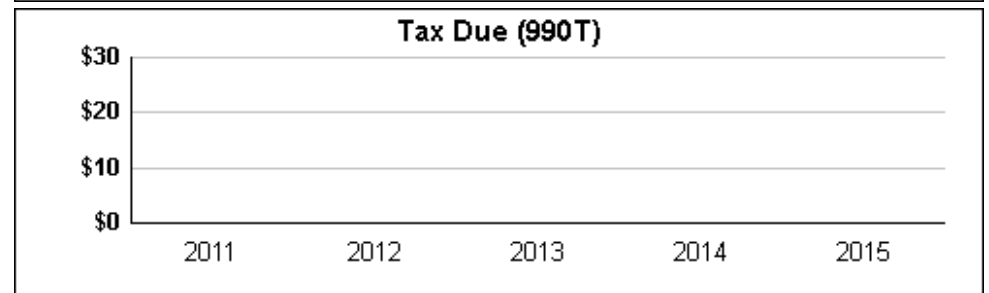
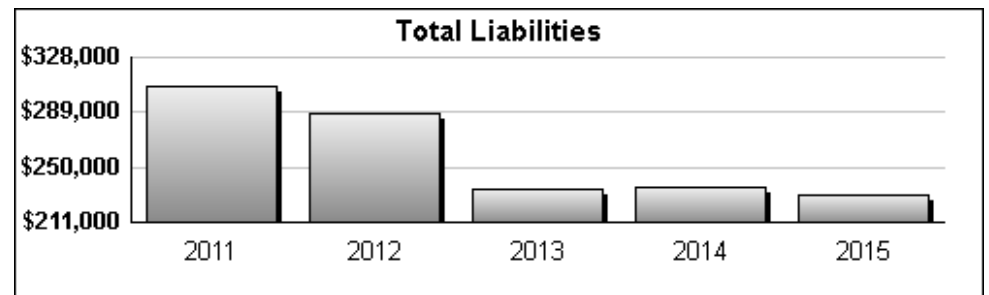
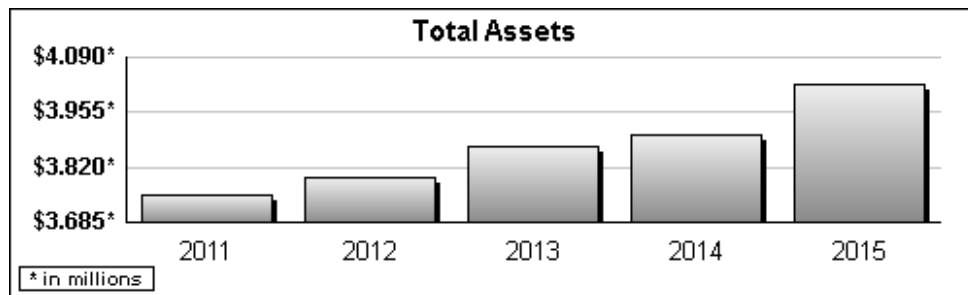
Form 990T	Tax Return History	2016
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Name HABITAT FOR HUMANITY OF SPRINGFIELD, INC	Employer Identification Number 43-1470360
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	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

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Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
OTHER INCOME: 4-04	\$ 19,362					
TOTAL	\$ 19,362					

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43-1470360

Federal Statements

FYE: 6/30/2017

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CRITICAL HOME REPAIR	\$ 42,825	\$ 42,825		
PROGRAM BANK CHARGES	25,997	25,997		
PROGRAM CONTRACT LABOR	23,676	23,676		
PROGRAM AUTO EXPENSE	19,075	19,075		
PROGRAM DUES AND SUBSCRIP	17,920	17,920		
PROGRAM SUPPLIES	15,887	15,887		
PROGRAM TELEPHONE	14,804	14,804		
PROGRAM PRINTING	12,341	12,341		
BAD DEBTS	8,978	8,978		
AMORTIZATION OF DISCOUNTS	7,220	7,220		
ANNUAL MEETING	6,225		6,225	
VOLUNTEER SERVICES	3,897	3,897		
FAMILY SERVICES EXPENSES	3,553	3,553		
DUES AND SUBSCRIPTIONS	3,415		3,415	
PROGRAM PAYROLL FEES	2,992	2,992		
F/R PRINTING	2,510			2,510
F/R TELEPHONE	2,372			2,372
REAL ESTATE TAXES	2,345	2,345		
CLOSING FEES	2,104	2,104		
BANK CHARGES	1,962		1,962	
SUPPLIES	1,174		1,174	
HOME WARRANTY WORK	1,130	1,130		
F/R SUPPLIES	892			892
PROGRAM EMPLOYEE DEVELOPM	855	855		
F/R DUES AND SUBSCRIPTION	847			847
TELEPHONE	562		562	
PRINTING	405		405	
F/R PAYROLL FEES	325			325
BOARD DEVELOPMENT	276		276	
PAYROLL FEES	182		182	
F/R BANK CHARGES	147			147
PROGRAM LICENSES	123	123		
MISCELLANEOUS EXPENSE	108		108	
F/R EMPLOYEE DEVELOPMENT	100			100
PROGRAM MISCELLANEOUS EXP	8	8		

Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses (continued)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TOTAL	\$ <u>227,232</u>	\$ <u>205,730</u>	\$ <u>14,309</u>	\$ <u>7,193</u>

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Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
GRANTS	\$ 124,966
CONTRIBUTIONS:4010 UN	98,534
HOME	58,000
LOT	7,500
MARKETING	49,514
ELECTRICAL WORK	6,000
MERCHANDISE	757,496
TOTAL	<u>\$ 1,102,010</u>

Schedule A, Part III, Line 2(e)

Description	Amount
SALE OF HOMES	\$ 226,557
RESTORE SALES	1,541,588
AMORTIZATION OF DISCOUNTS	216,314
PRESERVATION AND REPAIR	35,317
OTHER INCOME:4-04	19,362
MISCELLANEOUS INCOME	4,677
TOOL BELTS AND BOW TIES	122,255
PRICE CUTTER GOLF TOURNAMEN	16,189
ANNUAL MEETING	3,600
TEXAS HOLDEM	9,398
TOTAL	<u>\$ 2,195,257</u>

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Federal Statements**TOOL BELTS AND BOW TIES****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSES	\$ <u>42,137</u>
TOTAL	\$ <u><u>42,137</u></u>

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