

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](http://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>B</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	<b>C</b> Name of organization <b>INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.</b> Doing business as <b>FOR HUMANITY, INC.</b> Number and street (or P.O. box if mail is not delivered to street address) <b>4568 N. US HIGHWAY #1</b> City or town, state or province, country, and ZIP or foreign postal code <b>VERO BEACH FL 32967</b>		<b>D</b> Employer identification number <b>65-0230079</b>
	<b>F</b> Name and address of principal officer: <b>ANDREW R. BOWLER</b>		<b>E</b> Telephone number <b>772-562-9860</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>7,693,533</b>
	<b>J</b> Website: <b>WWW.IRCHABITAT.ORG</b>		<b>H(c)</b> Group exemption number <b>8545</b>
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1990</b> <b>M</b> State of legal domicile: <b>FL</b>

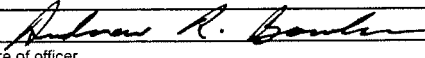

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
 If "No," attach a list. (see instructions)

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEEKING TO PUT GOD'S LOVE INTO ACTION, INDIAN RIVER HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE.</b>		
	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)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
	7b	Net unrelated business taxable income from Form 990-T, line 34	
		Prior Year	Current Year
	8	1,709,322	2,654,364
	9	2,402,388	2,433,317
Expenses	10	97,290	104,815
	11	1,063,754	1,148,722
	12	5,272,754	6,341,218
	13		0
	14		0
	15	1,143,955	1,242,527
	16a		0
	b	394,104	
	17	4,080,716	4,490,720
	18	5,224,671	5,733,247
Net Assets or Fund Balances	19	48,083	607,971
	20	17,594,293	13,419,520
	21	7,672,028	2,889,284
	22	9,922,265	10,530,236

## 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 		Date	
	<b>ANDREW R. BOWLER</b> Type or print name and title		<b>PRESIDENT</b> <b>10-19-17</b>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>PATRICK K. GRAHAM, CPA</b>		<b>10/19/17</b>	<b>P00292619</b>
	Firm's name	Firm's EIN	Phone no.	
<b>KMETZ, NUTTALL, ELWELL, GRAHAM, PLLC</b> <b>2800 OCEAN DRIVE</b> <b>VERO BEACH, FL 32963-2064</b>		<b>27-1238921</b> <b>772-231-6902</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

DAA

**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 \$ **5,100,468** including grants of \$ ) (Revenue \$ **2,433,317** )**SEE SCHEDULE O**

DURING THIS FISCAL YEAR, INDIAN RIVER HABITAT FOR HUMANITY HELPED TO PROVIDE DECENT AFFORDABLE HOUSING FOR 22 FAMILIES IN INDIAN RIVER COUNTY THROUGH THE BUILDING OR RENOVATING OF HOUSES. HOMES FOR AN ADDITIONAL 44 FAMILIES WERE OBTAINED THROUGH INTERNATIONAL TITHING. THE AFFILIATE ENGAGED IN 68 REPAIR PROJECTS FOR THE ELDERLY, THE INFIRMED, AND VETERANS WHO OWN AND OCCUPY THEIR HOMES. OVER 1,300 VOLUNTEERS WERE MOBILIZED LOCALLY TO WORK TOGETHER TO ACHIEVE THESE ACCOMPLISHMENTS. HOMEOWNERS ATTENDED BUDGET COUNSELING AND HOMEOWNERSHIP WORKSHOPS. GOING FORWARD, THEY WILL PAY LOW-COST, NO-INTEREST MORTGAGES, WHICH WILL HELP CREATE A PERPETUAL SOURCE OF FUNDING FOR FUTURE PROJECTS. THEY WILL SEND THEIR

**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 **5,100,468**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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	<b>X</b>	
<b>10</b> 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		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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)		<b>X</b>
<b>18</b> 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	<b>X</b>	
<b>19</b> 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		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>		<b>X</b>
<b>22</b> 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>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> 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>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>26</b>	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>0</b>	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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	<b>45</b>	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>X</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>3</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>X</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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**

	1a	15	Yes	No
<b>1a</b> 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.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	<b>15</b>		
<b>2</b> 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?			<b>2</b>	<b>X</b>
<b>3</b> 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?			<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?			<b>6</b>	<b>X</b>
<b>7a</b> 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?			<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?			<b>8b</b>	<b>X</b>
<b>9</b> 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			<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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: ►

**BARBARA MIDDLETON**  
**VERO BEACH**

**4568 N. U.S. HWY 1**

**FL 32967**

**772-562-9860**

**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) <b>LAWRENCE LAUFFER</b>	0.00									
<b>VICE CHAIRMAN</b>	0.00	X		X				0	0	0
(2) <b>HELEN CROCKETT</b>	0.00									
<b>SECRETARY</b>	0.00	X		X				0	0	0
(3) <b>RENE DONARS</b>	0.00									
<b>PAST CHAIR</b>	0.00	X						0	0	0
(4) <b>FREDDIE WOOLFORK</b>	0.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(5) <b>BRUCE BARKETT</b>	0.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(6) <b>DOUGLAS FEEK</b>	0.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(7) <b>TODD HECKMAN</b>	0.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(8) <b>JIM BEINDORF</b>	0.00									
<b>TREASURER</b>	0.00	X		X				0	0	0
(9) <b>ANDY JORDAN</b>	0.00									
<b>DIRECTOR</b>	0.00	X						0	0	0
(10) <b>CONNIE POPPELL</b>	0.00									
<b>CHAIRMAN</b>	0.00	X		X				0	0	0
(11) <b>TOBY ARNHEIM</b>	0.00									
<b>DIRECTOR</b>	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) <b>MARTIN BIRELEY</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(13) <b>GEORGIA IRISH</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(14) <b>GENE BILLERO</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(15) <b>FRANCE KENYON</b>	0.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 **1**

**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

**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

**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

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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
<b>EAST COAST LUMBER</b> <b>VERO BEACH</b> <b>FL 32967</b>	<b>ADDRESS ON FILE</b> <b>BLDG SUPPLIES</b>	<b>204,899</b>
<b>CATHCO</b> <b>VERO BEACH</b> <b>FL 32967</b>	<b>ADDRESS ON FILE</b> <b>CONSTRUCTION</b>	<b>202,895</b>
<b>TEMP CONTROL, INC.</b> <b>VERO BEACH</b> <b>FL 32967</b>	<b>ADDRESS ON FILE</b> <b>CONSTRUCTION</b>	<b>139,714</b>
<b>LOCKTON ADDINITY, LLC</b> <b>VERO BEACH</b> <b>FL 32967</b>	<b>ADDRESS ON FILE</b> <b>CONSTRUCTION</b>	<b>138,635</b>
<b>MEEKS PLUMBING</b> <b>VERO BEACH</b> <b>FL 32967</b>	<b>ADDRESS ON FILE</b> <b>CONSTRUCTION</b>	<b>115,088</b>

**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 **5**



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	31,183			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,623,181			
	<b>g</b> Noncash contributions included in lines 1a-1f:	\$	1,057,184			
	<b>h</b> Total. Add lines 1a-1f		2,654,364			
<b>Program Service Revenue</b>		Busn. Code				
	<b>2a</b> TRANSFER OF HOMES		2,062,854	2,062,854		
	<b>b</b> MORTGAGE LOAN DISCOUNTS		245,197	245,197		
	<b>c</b> NRI REPAYMENT		118,689	118,689		
	<b>d</b> MORTGAGE LOAN DISC ON SOLD		6,577	6,577		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		2,433,317			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		108,418	108,418		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real (ii) Personal				
	<b>6a</b> Gross rents					
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	17,000 20,050			
	<b>b</b> Less: cost or other basis & sales exps.		23,226 17,427			
	<b>c</b> Gain or (loss)		-6,226 2,623			
	<b>d</b> Net gain or (loss)		-3,603 -3,603			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	2,347,127			
	<b>b</b> Less: direct expenses	<b>b</b>	1,311,662			
	<b>c</b> Net income or (loss) from fundraising events		1,035,465			794,548
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
<b>11a</b> LATE FEE & OTHER INCOME		56,025			56,025	
<b>b</b> PREMIUM OF SECURITIZED NOTE		55,857			55,857	
<b>c</b> ENERGY SAVINGS AWARD PROGRAMS		1,375	1,375			
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		113,257				
<b>12</b> Total revenue. See instructions.		6,341,218	2,539,507	0	906,430	

**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	111,482		111,482	
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	881,745	599,410	38,871	243,464
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	173,318	130,092	13,714	29,512
10 Payroll taxes	75,982	45,855	11,502	18,625
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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	3,381	582		2,799
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	6,564	4,142	1,204	1,218
17 Travel	5,028	2,786	1,177	1,065
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	73,333	73,333		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,997	34,336	10,006	8,655
23 Insurance				
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 <b>TRANSFER OF HOMES</b>	2,060,975	2,060,975		
b <b>DISCOUNT ON MORTGAGES</b>	1,116,610	1,116,610		
c <b>CONSTRUCTION SUPPLIES</b>	405,987	405,987		
d <b>TITHE EXPENSE</b>	207,941	207,941		
e All other expenses	557,904	418,419	50,719	88,766
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,733,247	5,100,468	238,675	394,104
26 <b>Joint costs.</b> 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)				

**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
<b>Assets</b>	1 Cash—non-interest bearing	650,757	1	1,070,450
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	40,500	3	28,500
	4 Accounts receivable, net		4	
	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	3,730,989	7	4,370,176
	8 Inventories for sale or use	1,206,563	8	1,202,391
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,933,829		
	b Less: accumulated depreciation	10b 1,258,986	10c	6,674,843
	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	5,048,183	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	144,759	15	73,160
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	17,594,293	16	13,419,520	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	608,861	17	299,306
	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	293,379	21	418,345
	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	625,635	23	2,059,832
	24 Unsecured notes and loans payable to unrelated third parties	144,153	24	111,801
	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	6,000,000	25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	7,672,028	26	2,889,284
<b>Net Assets or Fund Balances</b>	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	9,763,285	27	10,287,471
	28 Temporarily restricted net assets	158,980	28	242,765
	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 <b>Total net assets or fund balances</b>	9,922,265	33	10,530,236
34 <b>Total liabilities and net assets/fund balances</b>	17,594,293	34	13,419,520	

**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	6,341,218
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,733,247
3	Revenue less expenses. Subtract line 2 from line 1	3	607,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,922,265
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,530,236

**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 checked="" type="checkbox"/> Separate basis <input 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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)****Public Charity Status and Public Support**

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Department of the Treasury  
Internal Revenue Service

Name of the organization

**INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC.**

Employer identification number

**65-0230079****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).

(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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

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

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

**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.")	1,477,539	1,805,367	2,918,993	1,709,322	2,654,364	10,565,585
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,477,539	1,805,367	2,918,993	1,709,322	2,654,364	10,565,585
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						130,995
6 <b>Public support.</b> Subtract line 5 from line 4.						10,434,590

**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	1,477,539	1,805,367	2,918,993	1,709,322	2,654,364	10,565,585
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	98,424	102,449	127,960	120,748		449,581
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,247,495	1,335,550	1,642,802	1,764,803	2,108,424	8,099,074
11 <b>Total support.</b> Add lines 7 through 10						19,114,240
12 Gross receipts from related activities, etc. (see instructions)					12	2,893,695
13 <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	54.59 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	55.49 %
16a <b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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	<b>Total annual distributions.</b> 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			
2 Underdistributions, if any, for years prior to 2016 (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 <b>Total</b> 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 <b>Excess distributions carryover to 2017.</b> 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			

**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.)

Part II, Line 10 - Other Income Detail

LATE FEES & SALE OF MERCHANDISE \$ 5,990,650

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

**INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC.**

Employer identification number

**65-0230079****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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**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
1c	
1d	
1e	
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 ☒

**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 ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☐ %

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:

- (i) unrelated organizations .....  
 (ii) related organizations .....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

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		585,417		585,417
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	1,710,674	5,637,738	1,258,986	6,089,426
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,674,843

**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.) ▶		

**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.) ▶		

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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	7,652,877
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	1,311,659	
e	Add lines 2a through 2d	2e		1,311,659
3	Subtract line 2e from line 1	3		6,341,218
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,341,218

**Part XII Reconciliation of Expenses per Audited Financial 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	7,044,906
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,311,659	
e	Add lines 2a through 2d	2e		1,311,659
3	Subtract line 2e from line 1	3		5,733,247
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,733,247

**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 IV, Line 2b - Escrow Liability Arrangement Explanation**

THE ORGANIZATION HOLDS AMOUNTS RECEIVED FROM HOMEOWNERS IN ESCROW FOR  
PROPERTY TAXES AND INSURANCE.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

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

DIRECT EXPENSES NETTED WITH FUNDRAISING ACTIVITIES \$ 109,668

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

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

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



## Part XIII Supplemental Information (continued)

**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](http://www.irs.gov/form990).Open to Public  
Inspection

Name of the organization

**INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC.**

Employer identification number

**65-0230079****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**e** ☐ Solicitation of non-government grants**b** ☐ Internet and email solicitations**f** ☐ Solicitation of government grants**c** ☐ Phone solicitations**g** ☐ Special fundraising events**d** ☐ In-person solicitations**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			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<u>SALE OF DONATED</u> (event type)	<u>FUNDRAISING</u> (event type)	<u>None</u> (total number)	
Revenue	1 Gross receipts	1,996,542	350,585		2,347,127
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,996,542	350,585		2,347,127
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,201,994	109,668		1,311,662
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,311,662
11 Net income summary. Subtract line 10 from line 3, column (d)				1,035,465	

**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.

Revenue		(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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	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)				
Revenue	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:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.  
See instructions

**SCHEDULE M**  
**(Form 990)****Noncash Contributions**

OMB No. 1545-0047

**2016****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC.**

Employer identification number

**65-0230079****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 .....				
16 Real estate — Commercial .....				
17 Real estate — Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....	<b>X</b>	<b>2</b>	<b>1,057,184</b>	
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

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.

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>

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

**Schedule M - Supplemental Information**

Paint, Appliances, Used Vehicles, misc home items \$142,796

Forgiveness of Debt 914,388

-----

\$1,507,184

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC.

Employer identification number

65-0230079

**Form 990 - Organization's Mission**

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

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

KIDS TO NEIGHBORHOOD SCHOOLS, CONTINUE TO WORK IN LOCAL JOBS, CONTRIBUTE TO THE COMMUNITY AND THE LOCAL ECONOMY, AND ENJOY THE STABILITY THAT COMES WITH BEING A HOMEOWNER.

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

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

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

MONITORED AND ENFORCED BY MEANS OF KNOWING OUR BUSINESS PARTNERS, POLLING THE BOARD MEMBERS, AND REITERATING THE WRITTEN POLICY.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

THE PERFORMANCE EVALUATION OF THE PRESIDENT OF THE ORGANIZATION IS INITIATED BY THE CHAIRPERSON OF THE BOARD, AND THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND COMPLETES THE EVALUATION.

Name of the organization

INDIAN RIVER COUNTY HABITAT

Employer identification number

65-0230079

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

THE INDIAN RIVER HABITAT FOR HUMANITY BOARD OF DIRECTORS CONTRACTS AN INDEPENDENT THIRD PARTY TO EXAMINE ALL POSITIONS IN THE ORGANIZATION WITH REGARD TO COMPENSATION. SUCH AN ANALYSIS IS CONTRACTED APPROXIMATELY EVERY THIRD YEAR AND INCLUDES A COMPARISON OF COMPENSATION AND BENEFITS AMONG NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS. PERFORMANCE EVALUATIONS ARE THE BASIS OF INCREASES TO COMPENSATION AND ARE COMPLETED BY THE IMMEDIATE SUPERVISOR OF EACH POSITION, WHICH ARE THEN REVIEWED BY THE NEXT HIGHER LEVEL OF MANAGEMENT. SENIOR MANAGERIAL PERFORMANCE EVALUATIONS ARE REVIEWED BY THE CHAIRPERSON OF THE BOARD OF DIRECTORS.

## Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

FINANCIAL STATEMENTS ON WEBSITE

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

DIRECT EXPENSES FOR RESTORE NETTED WITH REVENUES	\$ 1,201,991
DIRECT EXPENSES NETTED WITH FUNDRAISING ACTIVITIES	\$ 109,668
DIRECT EXPENSES NETTED WITH FUNDRAISING ACTIVITIES	\$ -1,201,991
DIRECT EXPENSES FOR RESTORE NETTED WITH REVENUES	\$ -109,668



Form **4562**

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

**2016**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

**INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC.**

Identifying number

**65-0230079**

Business or activity to which this form relates

**Indirect Depreciation****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	<b>500,000</b>
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	<b>2,010,000</b>
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 <b>smaller</b> 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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>168,318</b>

**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	<b>209</b>
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		

**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						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	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	
22	<b>Total.</b> 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	<b>168,527</b>
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.

Form **4562** (2016)

DAA

**There are no amounts for Page 2**

65-0230079

## 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
<b>Prior MACRS:</b>											
100	WAREHOUSE IMPROVEMENTS	9/22/06	3,134				3,134	15	HY S/L	1,985	209
			3,134				3,134			1,985	209
<b>Other Depreciation:</b>											
27	1000 laser system	6/24/02	995				995	5	MO S/L	995	0
30	CARGO TRAILER	12/24/02	1,500				1,500	5	MO S/L	1,500	0
31	1995 FORD TRUCK	2/04/03	9,489				9,489	5	MO S/L	9,489	0
33	LAND	3/14/03	585,417				585,417	0	-- Land	0	0
37	1994 Ford F-150 truck	8/31/03	3,302				3,302	5	MO S/L	3,302	0
	Sold/Scrapped: 2/17/17										
38	6*12 Enclosed Trailer	11/18/03	2,122				2,122	5	MO S/L	2,122	0
39	Open Utility Trailer	11/20/03	1,400				1,400	5	MO S/L	1,400	0
49	1993 Ford Box Truck-Restore QB	2/12/04	6,000				6,000	5	MO S/L	6,000	0
54	Restore Complex Improvements	6/30/04	24,679				24,679	40	MO S/L	6,787	617
55	Landscaping and other non-building improvements	6/30/04	16,026				16,026	40	MO S/L	5,008	401
57	TABLE SAW	2/28/05	590				590	5	MO S/L	590	0
58	HALF MILE HAILER	5/16/05	456				456	5	MO S/L	456	0
59	TROY BILT GENERATOR	6/01/05	649				649	5	MO S/L	649	0
61	WAREHOUSE RACKS	2/28/05	3,035				3,035	7	MO S/L	3,035	0
65	RESTORE BUILDING	6/30/05	2,003,036				2,003,036	40	MO S/L	550,835	50,076
71	FORKLIFT ELECTRIC	5/25/05	26,421				26,421	7	MO S/L	26,421	0
72	PRESSURE WASHER	5/31/05	388				388	5	MO S/L	388	0
73	FORKLIFT ASSESSORIES	6/17/05	4,148				4,148	7	MO S/L	4,148	0
79	3 SAFES	5/17/05	720				720	5	MO S/L	720	0
81	ENCLOSED TRAILER	7/06/05	4,500				4,500	5	MO S/L	4,500	0
82	1996 CHEVY TRUCK	8/25/05	6,500				6,500	5	MO S/L	6,500	0
84	LASER LEVEL	10/05/05	995				995	5	MO S/L	995	0
86	TRAILER	6/30/06	2,700				2,700	5	MO S/L	2,700	0
87	2 GENERATORS	6/30/06	5,000				5,000	5	MO S/L	5,000	0
88	ALUMINUM DOCKPLATE	7/07/05	564				564	5	MO S/L	564	0
90	STREET SWEEPER	8/31/05	7,500				7,500	5	MO S/L	7,500	0
92	WAREHOUSE RACKS	7/21/05	28,440				28,440	5	MO S/L	28,440	0
93	LOUNGE,LAUNDRY,ELECTRICAL	6/01/06	51,854				51,854	40	MO S/L	13,072	1,296
96	1993 FORKLIFT PROPANE	2/05/07	5,000				5,000	5	MO S/L	5,000	0
97	CONTRUCTION TRAILER	3/27/07	2,700				2,700	5	MO S/L	2,700	0
104	2006 GMC BOX TRUCK	10/05/07	23,500				23,500	5	MO S/L	23,500	0
105	RAMP/WALL TRACK FOR BOX TRUCK	10/12/07	1,267				1,267	5	MO S/L	1,267	0
108	RAISER EDGE SOFTWARE	8/01/07	25,635				25,635	5	MO S/L	25,635	0
109	RAISER EDGE SOFTWARE	8/06/07	1,956				1,956	5	MO S/L	1,956	0
110	RAISER EDGE SOFTWARE	9/11/07	4,770				4,770	5	MO S/L	4,770	0
111	RAISER EDGE SOFTWARE	9/30/07	1,830				1,830	5	MO S/L	1,830	0
112	RAISER EDGE SOFTWARE	10/12/07	916				916	5	MO S/L	916	0
119	SOLAR HOT WATER SYSTEM -CAV	10/30/07	2,700				2,700	5	MO S/L	2,700	0
121	WAREHOUSE SHELING	7/16/08	8,103				8,103	10	MO S/L	6,415	810
122	PALLET RACKING - HC	1/02/10	2,146				2,146	7	MO S/L	1,993	153
124	NET SOLUTIONS SOFTWARE	3/15/10	1,850				1,850	5	MO S/L	1,850	0
125	MICROSOFT OFFICE PRO 2007 (30 COP	5/27/10	16,942				16,942	5	MO S/L	16,942	0
127	3 COMPUTERS	5/08/10	2,274				2,274	5	MO S/L	2,274	0
128	3 COMPUTERS	6/30/10	2,164				2,164	5	MO S/L	2,164	0
130	2010 GMC SAVANA CARGO	11/03/10	24,433				24,433	5	MO S/L	24,433	0
131	2000 DODGE RAM 1500 VAN	3/01/11	1,200				1,200	5	MO S/L	1,200	0
132	FLOOR BUFFER	1/05/11	978				978	5	MO S/L	978	0
135	WORKSTATION A1018	4/01/11	743				743	5	MO S/L	743	0
136	HC CASH REGISTER	6/30/11	820				820	5	MO S/L	820	0
137	2001 TOYOTA AVALON	8/11/11	7,805				7,805	3	MO S/L	7,805	0
	Sold/Scrapped: 1/06/17										
139	1999 DODGE RAM REPAIRS	10/01/11	578				578	3	MO S/L	578	0
141	NEW FACILITIES FURNITURE	9/01/11	95,678				95,678	7	MO S/L	66,064	13,668
142	MONUMENT SIGN	9/30/11	2,534				2,534	7	MO S/L	1,720	362
143	COMPUTER - L GOODALL	9/01/11	670				670	5	MO S/L	647	23
144	TRAINING WORKSTATIONS (6)	9/16/11	4,044				4,044	5	MO S/L	3,842	202
145	POINT OF SALE HARDWARE	10/03/11	712				712	5	MO S/L	676	36
146	COMPUTER HC REGISTER 3	3/09/12	580				580	5	MO S/L	503	77
147	COMPUTER - S MONROE	5/03/12	659				659	5	MO S/L	549	110
148	QB ENTERP	12/31/11	2,400				2,400	3	MO S/L	2,400	0
149	Office & Training Center	9/01/11	1,017,175				1,017,175	40	MO S/L	122,909	25,429
150	TRAINING & BOARD ROOM CPU (2)	9/16/11	1,230				1,230	5	MO S/L	1,169	61

65-0230079

## Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
151	VIDEO WORKSTATION	9/16/11	1,093			1,093	5 MO S/L	1,038	55
152	SMART BOARDS (2)	9/16/11	12,900			12,900	5 MO S/L	12,255	645
153	CONF ROOM LCD SREENS (4)	9/16/11	3,858			3,858	5 MO S/L	3,665	193
154	CONF ROOM LAPTOPS (4)	9/16/11	2,236			2,236	5 MO S/L	2,124	112
155	NETWORK HARWARE & CABLING	9/16/11	7,748			7,748	5 MO S/L	7,361	387
156	2013 HC BOX TRUCK	6/26/13	38,558			38,558	5 MO S/L	23,135	7,711
158	SERVER	9/04/12	4,561			4,561	5 MO S/L	3,497	912
160	desktop computers (3)	4/10/14	1,695			1,695	5 MO S/L	763	339
161	LOADING RAMP FOR 2013 HC BOX TR	8/02/13	1,623			1,623	5 MO S/L	947	325
162	2002 VOLVO V70	2/24/14	6,482			6,482	5 MO S/L	3,025	648
Sold/Scrapped: 1/12/17									
164	desktop computer(1)	2/14/14	664			664	5 MO S/L	321	133
165	desktop computer (1)	1/15/14	603			603	5 MO S/L	302	120
166	desktop computer (1)	11/12/13	559			559	5 MO S/L	298	112
167	FURN UPHOLSTERY & MATTRESS CL	5/29/15	2,668			2,668	5 MO S/L	578	534
168	2000 DODGE GRAND CARAVAN	3/01/15	996			996	5 MO S/L	266	199
169	2015 RORU 16'	5/14/15	1,650			1,650	5 MO S/L	385	330
171	RESTORE POS SERVER	1/23/15	711			711	5 MO S/L	201	143
172	UNDERGROUND UTILITY MARKINGS	5/08/15	1,280			1,280	5 MO S/L	299	256
173	DURASTORM, GLASS IMPACT	6/11/15	11,358			11,358	40 MO S/L	308	284
174	TILT MIRROR, GRAB BAR	6/17/15	827			827	5 MO S/L	165	166
175	ReSTORE PHASE 1 EXPANSION	6/30/15	245,173			245,173	40 MO S/L	6,129	6,130
176	ReSTORE PHASE 1 A/C	6/30/15	34,279			34,279	10 MO S/L	3,428	3,428
178	NESTAFLEX FLEXIBLE CONVEYOR	8/17/15	2,777			2,777	5 MO S/L	463	555
179	ReSTORE EXPANSION PHASE II	10/01/16	1,264,048			1,264,048	40 MO S/L	0	23,701
180	MS OFFICE PRO 2016	6/07/16	2,567			2,567	5 MO S/L	43	513
181	MS WINDOWS 2010	6/07/16	450			450	5 MO S/L	8	90
182	KATHY'S NEW CPU-NUC I3 KIT	2/15/16	550			550	5 MO S/L	46	110
183	DESKTOP COMPUTER-DEVELOP ASSC	3/18/16	710			710	5 MO S/L	36	141
184	1740 10TH WAY-BLDG	5/31/16	66,647			66,647	40 MO S/L	108	1,666
185	1740 10TH WAY SW-LAND	5/31/16	48,300			48,300	0 -- Land	0	0
186	2003 BLUE HONDA ODYSSEY	9/27/16	2,151			2,151	3 MO S/L	0	538
187	2005 BUICK RAINIER	11/02/16	3,732			3,732	3 MO S/L	0	829
188	1999 BMW 740IL	12/05/16	2,055			2,055	5 -- Memo	0	0
Sold/Scrapped: 2/01/17									
189	1999 FORD CONTOUR	3/01/17	664			664	5 -- Memo	0	0
Sold/Scrapped: 3/27/17									
190	1997 INTL UTILITY TRUCK 4900	4/17/17	5,000			5,000	5 -- Memo	0	0
191	2002 CADILLAC SEVILLE	5/15/17	1,920			1,920	5 -- Memo	0	0
Sold/Scrapped: 6/02/17									
192	RESTORE SECURITY SYSTEM	8/24/16	22,670			22,670	10 MO S/L	0	1,889
193	aisle sign for warehouse	10/19/16	1,461			1,461	5 MO S/L	0	195
195	RESTORE LANDSCAPING	10/01/16	32,027			32,027	15 MO S/L	0	1,601
196	RESTORE PARKING LOT SEAL & STRIP	10/01/16	12,089			12,089	15 MO S/L	0	604
197	RESTORE ROOF	10/01/16	84,532			84,532	40 MO S/L	0	1,585
198	RESTORE POLISHED CONCRETE FLOOR	10/01/16	62,078			62,078	10 MO S/L	0	4,656
199	RESTORE SIGN	10/01/16	21,113			21,113	7 MO S/L	0	2,262
200	FIRE SPRINKLER	10/01/16	25,129			25,129	40 MO S/L	0	471
201	AIR CONDITIONING	10/01/16	66,357			66,357	10 MO S/L	0	4,977
202	RIGHT TURN LANE	10/01/16	43,921			43,921	15 MO S/L	0	2,196
203	RESTORE A/V EQUIPMENT	10/01/16	10,019			10,019	5 MO S/L	0	1,503
204	RESTORE POS	10/01/16	10,138			10,138	5 MO S/L	0	1,521
205	RESTORE MONITORS 3 SAMSUNG 58"	10/10/16	1,494			1,494	5 MO S/L	0	224
206	LENOVO M700 TINY IE-6100T-MICHEL	5/26/17	504			504	5 MO S/L	0	8
207	2016 Real Estate Taxes	6/30/17	1,213			1,213	0 -- Memo	0	0
Total Other Depreciation			6,242,256			6,242,256		1,103,258	168,318
Total ACRS and Other Depreciation			6,242,256			6,242,256		1,103,258	168,318
Grand Totals			6,245,390			6,245,390		1,105,243	168,527
Less: Dispositions and Transfers			22,228			22,228		14,132	648
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			6,223,162			6,223,162		1,091,111	167,879

65-0230079

## State Asset Report

FYE: 6/30/2017

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
<b>Prior MACRS:</b>								
100	WAREHOUSE IMPROVEMENTS	9/22/06	3,134	3,134	1,985	209	209	0
			3,134	3,134	1,985	209	209	0
<b>Other Depreciation:</b>								
27	1000 laser system	6/24/02	0	0	0	0	0	0
30	CARGO TRAILER	12/24/02	1,500	1,500	1,500	0	0	0
31	1995 FORD TRUCK	2/04/03	9,489	9,489	9,489	0	0	0
33	LAND	3/14/03	585,417	585,417	0	0	0	0
37	1994 Ford F-150 truck	8/31/03	3,302	3,302	3,302	0	0	0
	Sold/Scrapped: 2/17/17							
38	6*12 Enclosed Trailer	11/18/03	2,122	2,122	2,122	0	0	0
39	Open Utility Trailer	11/20/03	1,400	1,400	1,400	0	0	0
49	1993 Ford Box Truck-Restore QB	2/12/04	6,000	6,000	6,000	0	0	0
54	Restore Complex Improvements	6/30/04	24,679	24,679	6,787	617	617	0
55	Landscaping and other non-building improvements	6/30/04	16,026	16,026	5,008	401	401	0
57	TABLE SAW	2/28/05	590	590	590	0	0	0
58	HALF MILE HAILER	5/16/05	456	456	456	0	0	0
59	TROY BILT GENERATOR	6/01/05	649	649	649	0	0	0
61	WAREHOUSE RACKS	2/28/05	3,035	3,035	3,035	0	0	0
65	RESTORE BUILDING	6/30/05	2,003,036	2,003,036	550,835	50,076	50,076	0
71	FORKLIFT ELECTRIC	5/25/05	26,421	26,421	26,421	0	0	0
72	PRESSURE WASHER	5/31/05	388	388	388	0	0	0
73	FORKLIFT ASSESSORIES	6/17/05	4,148	4,148	4,148	0	0	0
79	3 SAFES	5/17/05	720	720	720	0	0	0
81	ENCLOSED TRAILER	7/06/05	4,500	4,500	4,500	0	0	0
82	1996 CHEVY TRUCK	8/25/05	6,500	6,500	6,500	0	0	0
84	LASER LEVEL	10/05/05	995	995	995	0	0	0
86	TRAILER	6/30/06	2,700	2,700	2,700	0	0	0
87	2 GENERATORS	6/30/06	5,000	5,000	5,000	0	0	0
88	ALUMINUM DOCKPLATE	7/07/05	564	564	564	0	0	0
90	STREET SWEEPER	8/31/05	7,500	7,500	7,500	0	0	0
92	WAREHOUSE RACKS	7/21/05	28,440	28,440	28,440	0	0	0
93	LOUNGE,LAUNDRY,ELECTRICAL	6/01/06	51,854	51,854	13,072	1,296	1,296	0
96	1993 FORKLIFT PROPANE	2/05/07	5,000	5,000	5,000	0	0	0
97	CONTRUCTION TRAILER	3/27/07	2,700	2,700	2,700	0	0	0
104	2006 GMC BOX TRUCK	10/05/07	23,500	23,500	23,500	0	0	0
105	RAMP/WALL TRACK FOR BOX TRUCK	10/12/07	1,267	1,267	1,267	0	0	0
108	RAISER EDGE SOFTWARE	8/01/07	25,635	25,635	25,635	0	0	0
109	RAISER EDGE SOFTWARE	8/06/07	1,956	1,956	1,956	0	0	0
110	RAISER EDGE SOFTWARE	9/11/07	4,770	4,770	4,770	0	0	0
111	RAISER EDGE SOFTWARE	9/30/07	1,830	1,830	1,830	0	0	0
112	RAISER EDGE SOFTWARE	10/12/07	916	916	916	0	0	0
119	SOLAR HOT WATER SYSTEM -CAV	10/30/07	2,700	2,700	2,700	0	0	0
121	WAREHOUSE SHELVING	7/16/08	8,103	8,103	6,415	810	810	0
122	PALLET RACKING - HC	1/02/10	2,146	2,146	1,993	153	153	0
124	NET SOLUTIONS SOFTWARE	3/15/10	1,850	1,850	1,850	0	0	0
125	MICROSOFT OFFICE PRO 2007 (30 COP	5/27/10	16,942	16,942	16,942	0	0	0
127	3 COMPUTERS	5/08/10	2,274	2,274	2,274	0	0	0
128	3 COMPUTERS	6/30/10	2,164	2,164	2,164	0	0	0
130	2010 GMC SAVANA CARGO	11/03/10	24,433	24,433	24,433	0	0	0
131	2000 DODGE RAM 1500 VAN	3/01/11	1,200	1,200	1,200	0	0	0
132	FLOOR BUFFER	1/05/11	978	978	978	0	0	0
135	WORKSTATION A1018	4/01/11	743	743	743	0	0	0
136	HC CASH REGISTER	6/30/11	820	820	820	0	0	0
137	2001 TOYOTA AVALON	8/11/11	7,805	7,805	7,805	0	0	0
	Sold/Scrapped: 1/06/17							
139	1999 DODGE RAM REPAIRS	10/01/11	578	578	578	0	0	0
141	NEW FACILITIES FURNITURE	9/01/11	95,678	95,678	66,064	13,668	13,668	0
142	MONUMENT SIGN	9/30/11	2,534	2,534	1,720	362	362	0
143	COMPUTER - L GOODALL	9/01/11	670	670	647	23	23	0
144	TRAINING WORKSTATIONS (6)	9/16/11	4,044	4,044	3,842	202	202	0
145	POINT OF SALE HARDWARE	10/03/11	712	712	676	36	36	0
146	COMPUTER HC REGISTER 3	3/09/12	580	580	503	77	77	0
147	COMPUTER - S MONROE	5/03/12	659	659	549	110	110	0
148	QB ENTERP	12/31/11	2,400	2,400	2,400	0	0	0
149	Office & Training Center	9/01/11	1,017,175	1,017,175	122,909	25,429	25,429	0
150	TRAINING & BOARD ROOM CPU (2)	9/16/11	1,230	1,230	1,169	61	61	0

65-0230079

## State Asset Report

FYE: 6/30/2017

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
151	VIDEO WORKSTATION	9/16/11	1,093	1,093	1,038	55	55	0
152	SMART BOARDS (2)	9/16/11	12,900	12,900	12,255	645	645	0
153	CONF ROOM LCD SREENS (4)	9/16/11	3,858	3,858	3,665	193	193	0
154	CONF ROOM LAPTOPS (4)	9/16/11	2,236	2,236	2,124	112	112	0
155	NETWORK HARWARE & CABLING	9/16/11	7,748	7,748	7,361	387	387	0
156	2013 HC BOX TRUCK	6/26/13	38,558	38,558	23,135	7,711	7,711	0
158	SERVER	9/04/12	4,561	4,561	3,497	912	912	0
160	desktop computers (3)	4/10/14	1,695	1,695	763	339	339	0
161	LOADING RAMP FOR 2013 HC BOX TR	8/02/13	1,623	1,623	947	325	325	0
162	2002 VOLVO V70	2/24/14	6,482	6,482	3,025	648	648	0
Sold/Scrapped: 1/12/17								
164	desktop computer(1)	2/14/14	664	664	321	133	133	0
165	desktop computer (1)	1/15/14	603	603	302	120	120	0
166	desktop computer (1)	11/12/13	559	559	298	112	112	0
167	FURN UPHOLSTERY & MATTRESS CLI	5/29/15	2,668	2,668	578	534	534	0
168	2000 DODGE GRAND CARAVAN	3/01/15	996	996	266	199	199	0
169	2015 RORU 16'	5/14/15	1,650	1,650	385	330	330	0
171	RESTORE POS SERVER	1/23/15	711	711	201	143	143	0
172	UNDERGROUND UTILITY MARKINGS	5/08/15	1,280	1,280	299	256	256	0
173	DURASTORM, GLASS IMPACT	6/11/15	11,358	11,358	308	284	284	0
174	TILT MIRROR, GRAB BAR	6/17/15	827	827	165	166	166	0
175	ReSTORE PHASE I EXPANSION	6/30/15	245,173	245,173	6,129	6,130	6,130	0
176	ReSTORE PHASE I A/C	6/30/15	34,279	34,279	3,428	3,428	3,428	0
178	NESTAFLEX FLEXIBLE CONVEYOR	8/17/15	2,777	2,777	463	555	555	0
179	ReSTORE EXPANSION PHASE II	10/01/16	1,264,048	1,264,048	0	23,701	23,701	0
180	MS OFFICE PRO 2016	6/07/16	2,567	2,567	43	513	513	0
181	MS WINDOWS 2010	6/07/16	450	450	8	90	90	0
182	KATHY'S NEW CPU-NUC I3 KIT	2/15/16	550	550	46	110	110	0
183	DESKTOP COMPUTER-DEVELOP ASSC	3/18/16	710	710	36	141	141	0
184	1740 10TH WAY-BLDG	5/31/16	66,647	66,647	108	1,666	1,666	0
185	1740 10TH WAY SW-LAND	5/31/16	48,300	48,300	0	0	0	0
186	2003 BLUE HONDA ODYSSEY	9/27/16	2,151	2,151	0	538	538	0
187	2005 BUICK RAINIER	11/02/16	3,732	3,732	0	829	829	0
188	1999 BMW 740IL	12/05/16	2,055	2,055	0	0	0	0
Sold/Scrapped: 2/01/17								
189	1999 FORD CONTOUR	3/01/17	664	664	0	0	0	0
Sold/Scrapped: 3/27/17								
190	1997 INTL UTILITY TRUCK 4900	4/17/17	5,000	5,000	0	0	0	0
191	2002 CADILLAC SEVILLE	5/15/17	1,920	1,920	0	0	0	0
Sold/Scrapped: 6/02/17								
192	RESTORE SECURITY SYSTEM	8/24/16	22,670	22,670	0	1,889	1,889	0
193	aisle sign for warehouse	10/19/16	1,461	1,461	0	195	195	0
195	RESTORE LANDSCAPING	10/01/16	32,027	32,027	0	1,601	1,601	0
196	RESTORE PARKING LOT SEAL & STRIP	10/01/16	12,089	12,089	0	604	604	0
197	RESTORE ROOF	10/01/16	84,532	84,532	0	1,585	1,585	0
198	RESTORE POLISHED CONCRETE FLOOR	10/01/16	62,078	62,078	0	4,656	4,656	0
199	RESTORE SIGN	10/01/16	21,113	21,113	0	2,262	2,262	0
200	FIRE SPRINKLER	10/01/16	25,129	25,129	0	471	471	0
201	AIR CONDITIONING	10/01/16	66,357	66,357	0	4,977	4,977	0
202	RIGHT TURN LANE	10/01/16	43,921	43,921	0	2,196	2,196	0
203	RESTORE A/V EQUIPMENT	10/01/16	10,019	10,019	0	1,503	1,503	0
204	RESTORE POS	10/01/16	10,138	10,138	0	1,521	1,521	0
205	RESTORE MONITORS 3 SAMSUNG 58"	10/10/16	1,494	1,494	0	224	224	0
206	LENOVO M700 TINY IE-6100T-MICHEL	5/26/17	504	504	0	8	8	0
207	2016 Real Estate Taxes	6/30/17	1,213	1,213	0	0	0	0
Total Other Depreciation			6,241,261	6,241,261	1,102,263	168,318	168,318	0
Total ACRS and Other Depreciation			6,241,261	6,241,261	1,102,263	168,318	168,318	0
Grand Totals			6,244,395	6,244,395	1,104,248	168,527	168,527	0
Less: Dispositions			22,228	22,228	14,132	648	648	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			6,222,167	6,222,167	1,090,116	167,879	167,879	0

65-0230079

**AMT Asset Report**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
100	WAREHOUSE IMPROVEMENTS	9/22/06	3,134				3,134	15 HY S/L	1,985	209
167	FURN UPHOLSTERY & MATTRESS CL	5/29/15	2,668			X	1,798	5 MQ 150DB	870	540
			<u>5,802</u>				<u>4,932</u>		<u>2,855</u>	<u>749</u>
<b>Other Depreciation:</b>										
27	1000 laser system	6/24/02	0				0	0 HY	0	0
30	CARGO TRAILER	12/24/02	0				0	0 HY	0	0
31	1995 FORD TRUCK	2/04/03	9,489				9,489	5 MO S/L	9,489	0
33	LAND	3/14/03	0				0	0 HY	0	0
37	1994 Ford F-150 truck	8/31/03	0				0	0 HY	0	0
	Sold/Scrapped: 2/17/17									
38	6*12 Enclosed Trailer	11/18/03	0				0	0 HY	0	0
39	Open Utility Trailer	11/20/03	0				0	0 HY	0	0
49	1993 Ford Box Truck-Restore QB	2/12/04	0				0	0 HY	0	0
54	Restore Complex Improvements	6/30/04	0				0	0 HY	0	0
55	Landscaping and other non-building improvements	6/30/04	0				0	0 HY	0	0
57	TABLE SAW	2/28/05	0				0	0 HY	0	0
58	HALF MILE HAILER	5/16/05	0				0	0 HY	0	0
59	TROY BILT GENERATOR	6/01/05	0				0	0 HY	0	0
61	WAREHOUSE RACKS	2/28/05	0				0	0 HY	0	0
65	RESTORE BUILDING	6/30/05	0				0	0 HY	0	0
71	FORKLIFT ELECTRIC	5/25/05	0				0	0 HY	0	0
72	PRESSURE WASHER	5/31/05	0				0	0 HY	0	0
73	FORKLIFT ASSESSORIES	6/17/05	0				0	0 HY	0	0
79	3 SAFES	5/17/05	0				0	0 HY	0	0
81	ENCLOSED TRAILER	7/06/05	0				0	0 HY	0	0
82	1996 CHEVY TRUCK	8/25/05	0				0	0 HY	0	0
84	LASER LEVEL	10/05/05	0				0	0 HY	0	0
86	TRAILER	6/30/06	0				0	0 HY	0	0
87	2 GENERATORS	6/30/06	0				0	0 HY	0	0
88	ALUMINUM DOCKPLATE	7/07/05	0				0	0 HY	0	0
90	STREET SWEEPER	8/31/05	0				0	0 HY	0	0
92	WAREHOUSE RACKS	7/21/05	0				0	0 HY	0	0
93	LOUNGE, LAUNDRY, ELECTRICAL	6/01/06	0				0	0 HY	0	0
96	1993 FORKLIFT PROPANE	2/05/07	5,000				5,000	5 MO S/L	5,000	0
97	CONSTRUCTION TRAILER	3/27/07	2,700				2,700	5 MO S/L	2,700	0
104	2006 GMC BOX TRUCK	10/05/07	23,500				23,500	5 MO S/L	23,500	0
105	RAMP/WALL TRACK FOR BOX TRUCK	10/12/07	0				0	0 HY	0	0
108	RAISER EDGE SOFTWARE	8/01/07	0				0	0 HY	0	0
109	RAISER EDGE SOFTWARE	8/06/07	0				0	0 HY	0	0
110	RAISER EDGE SOFTWARE	9/11/07	0				0	0 HY	0	0
111	RAISER EDGE SOFTWARE	9/30/07	0				0	0 HY	0	0
112	RAISER EDGE SOFTWARE	10/12/07	0				0	0 HY	0	0
119	SOLAR HOT WATER SYSTEM -CAV	10/30/07	0				0	0 HY	0	0
121	WAREHOUSE SHELVING	7/16/08	0				0	0 HY	0	0
122	PALLET RACKING - HC	1/02/10	0				0	0 HY	0	0
124	NET SOLUTIONS SOFTWARE	3/15/10	0				0	0 HY	0	0
125	MICROSOFT OFFICE PRO 2007 (30 COP	5/27/10	0				0	0 HY	0	0
127	3 COMPUTERS	5/08/10	0				0	0 HY	0	0
128	3 COMPUTERS	6/30/10	0				0	0 HY	0	0
130	2010 GMC SAVANA CARGO	11/03/10	0				0	0 HY	0	0
131	2000 DODGE RAM 1500 VAN	3/01/11	0				0	0 HY	0	0
132	FLOOR BUFFER	1/05/11	0				0	0 HY	0	0
135	WORKSTATION A1018	4/01/11	0				0	0 HY	0	0
136	HC CASH REGISTER	6/30/11	0				0	0 HY	0	0
137	2001 TOYOTA AVALON	8/11/11	0				0	0 HY	0	0
	Sold/Scrapped: 1/06/17									
139	1999 DODGE RAM REPAIRS	10/01/11	0				0	0 HY	0	0
141	NEW FACILITIES FURNITURE	9/01/11	0				0	0 HY	0	0
142	MONUMENT SIGN	9/30/11	0				0	0 HY	0	0
143	COMPUTER - L GOODALL	9/01/11	0				0	0 HY	0	0
144	TRAINING WORKSTATIONS (6)	9/16/11	0				0	0 HY	0	0
145	POINT OF SALE HARDWARE	10/03/11	0				0	0 HY	0	0
146	COMPUTER HC REGISTER 3	3/09/12	0				0	0 HY	0	0
147	COMPUTER - S MONROE	5/03/12	0				0	0 HY	0	0
148	QB ENTERP	12/31/11	0				0	0 HY	0	0
149	Office & Training Center	9/01/11	0				0	0 HY	0	0

65-0230079

**AMT Asset Report**

FYE: 6/30/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	Per Conv	Meth	Prior	Current
150	TRAINING & BOARD ROOM CPU (2)	9/16/11	0			0	0	HY	0	0
151	VIDEO WORKSTATION	9/16/11	0			0	0	HY	0	0
152	SMART BOARDS (2)	9/16/11	0			0	0	HY	0	0
153	CONF ROOM LCD SREENS (4)	9/16/11	0			0	0	HY	0	0
154	CONF ROOM LAPTOPS (4)	9/16/11	0			0	0	HY	0	0
155	NETWORK HARWARE & CABLING	9/16/11	0			0	0	HY	0	0
156	2013 HC BOX TRUCK	6/26/13	38,558			38,558	5	MO S/L	23,135	7,711
158	SERVER	9/04/12	0			0	0	HY	0	0
160	desktop computers (3)	4/10/14	0			0	0	HY	0	0
161	LOADING RAMP FOR 2013 HC BOX TR	8/02/13	0			0	0	HY	0	0
162	2002 VOLVO V70	2/24/14	0			0	0	HY	0	0
	Sold/Scrapped: 1/12/17									
164	desktop computer(1)	2/14/14	0			0	0	HY	0	0
165	desktop computer (1)	1/15/14	0			0	0	HY	0	0
166	desktop computer (1)	11/12/13	0			0	0	HY	0	0
168	2000 DODGE GRAND CARAVAN	3/01/15	0			0	0	HY	0	0
169	2015 RORU 16'	5/14/15	0			0	0	HY	0	0
171	RESTORE POS SERVER	1/23/15	0			0	0	HY	0	0
172	UNDERGROUND UTILITY MARKINGS	5/08/15	0			0	0	HY	0	0
173	DURASTORM, GLASS IMPACT	6/11/15	0			0	0	HY	0	0
174	TILT MIRROR, GRAB BAR	6/17/15	0			0	0	HY	0	0
175	ReSTORE PHASE I EXPANSION	6/30/15	0			0	0	HY	0	0
176	ReSTORE PHASE I A/C	6/30/15	0			0	0	HY	0	0
178	NESTAFLEX FLEXIBLE CONVEYOR	8/17/15	0			0	0	HY	0	0
179	ReSTORE EXPANSION PHASE II	10/01/16	0			0	0	HY	0	0
180	MS OFFICE PRO 2016	6/07/16	0			0	0	HY	0	0
181	MS WINDOWS 2010	6/07/16	0			0	0	HY	0	0
182	KATHY'S NEW CPU-NUC I3 KIT	2/15/16	0			0	0	HY	0	0
183	DESKTOP COMPUTER-DEVELOP ASSC	3/18/16	0			0	0	HY	0	0
184	1740 10TH WAY-BLDG	5/31/16	0			0	0	HY	0	0
185	1740 10TH WAY SW-LAND	5/31/16	0			0	0	HY	0	0
186	2003 BLUE HONDA ODYSSEY	9/27/16	0			0	0	HY	0	0
187	2005 BUICK RAINIER	11/02/16	0			0	0	HY	0	0
188	1999 BMW 740IL	12/05/16	0			0	0	HY	0	0
	Sold/Scrapped: 2/01/17									
189	1999 FORD CONTOUR	3/01/17	0			0	0	HY	0	0
	Sold/Scrapped: 3/27/17									
190	1997 INTL UTILITY TRUCK 4900	4/17/17	0			0	0	HY	0	0
191	2002 CADILLAC SEVILLE	5/15/17	0			0	0	HY	0	0
	Sold/Scrapped: 6/02/17									
192	RESTORE SECURITY SYSTEM	8/24/16	0			0	0	HY	0	0
193	aisle sign for warehouse	10/19/16	0			0	0	HY	0	0
195	RESTORE LANDSCAPING	10/01/16	32,027			32,027	15	MO S/L	0	1,601
196	RESTORE PARKING LOT SEAL & STRIP	10/01/16	12,089			12,089	15	MO S/L	0	604
197	RESTORE ROOF	10/01/16	84,532			84,532	40	MO S/L	0	1,585
198	RESTORE POLISHED CONCRETE FLOOR	10/01/16	0			0	0	HY	0	0
199	RESTORE SIGN	10/01/16	0			0	0	HY	0	0
200	FIRE SPRINKLER	10/01/16	0			0	0	HY	0	0
201	AIR CONDITIONING	10/01/16	0			0	0	HY	0	0
202	RIGHT TURN LANE	10/01/16	0			0	0	HY	0	0
203	RESTORE A/V EQUIPMENT	10/01/16	0			0	0	HY	0	0
204	RESTORE POS	10/01/16	0			0	0	HY	0	0
205	RESTORE MONITORS 3 SAMSUNG 58"	10/10/16	0			0	0	HY	0	0
206	LENOVO M700 TINY IE-6100T-MICHEL	5/26/17	0			0	0	HY	0	0
207	2016 Real Estate Taxes	6/30/17	0			0	0	HY	0	0
<b>Total Other Depreciation</b>			<u>207,895</u>			<u>207,895</u>			<u>63,824</u>	<u>11,501</u>
<b>Total ACRS and Other Depreciation</b>			<u>207,895</u>			<u>207,895</u>			<u>63,824</u>	<u>11,501</u>
<b>Grand Totals</b>			213,697			212,827			66,679	12,250
<b>Less: Dispositions and Transfers</b>			0			0			0	0
<b>Net Grand Totals</b>			<u>213,697</u>			<u>212,827</u>			<u>66,679</u>	<u>12,250</u>

**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>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	100	WAREHOUSE IMPROVEMENTS	<u>209</u>	<u>209</u>	<u>0</u>
				<u>209</u>	<u>209</u>	<u>0</u>



65-0230079

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

FYE: 6/30/2017

**Form 990, Page 1**

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

Asset	Description	Date In Service	Cost	Tax	AMT
152	SMART BOARDS (2)	9/16/11	12,900	0	0
153	CONF ROOM LCD SREENS (4)	9/16/11	3,858	0	0
154	CONF ROOM LAPTOPS (4)	9/16/11	2,236	0	0
155	NETWORK HARWARE & CABLING	9/16/11	7,748	0	0
156	2013 HC BOX TRUCK	6/26/13	38,558	7,712	7,712
158	SERVER	9/04/12	4,561	152	0
160	desktop computers (3)	4/10/14	1,695	339	0
161	LOADING RAMP FOR 2013 HC BOX TRUCK	8/02/13	1,623	324	0
164	desktop computer(1)	2/14/14	664	132	0
165	desktop computer (1)	1/15/14	603	121	0
166	desktop computer (1)	11/12/13	559	112	0
167	FURN UPHOLSTERY & MATTRESS CLEAN	5/29/15	2,668	533	437
168	2000 DODGE GRAND CARAVAN	3/01/15	996	199	0
169	2015 RORU 16'	5/14/15	1,650	330	0
171	RESTORE POS SERVER	1/23/15	711	142	0
172	UNDERGROUND UTILITY MARKINGS	5/08/15	1,280	256	0
173	DURASTORM, GLASS IMPACT	6/11/15	11,358	284	0
174	TILT MIRROR, GRAB BAR	6/17/15	827	165	0
175	ReSTORE PHASE I EXPANSION	6/30/15	245,173	6,129	0
176	ReSTORE PHASE I A/C	6/30/15	34,279	3,428	0
178	NESTAFLEX FLEXIBLE CONVEYOR	8/17/15	2,777	556	0
179	ReSTORE EXPANSION PHASE II	10/01/16	1,264,048	31,601	0
180	MS OFFICE PRO 2016	6/07/16	2,567	514	0
181	MS WINDOWS 2010	6/07/16	450	90	0
182	KATHY'S NEW CPU-NUC I3 KIT	2/15/16	550	110	0
183	DESKTOP COMPUTER-DEVELOP ASSOC	3/18/16	710	142	0
184	1740 10TH WAY-BLDG	5/31/16	66,647	1,666	0
185	1740 10TH WAY SW-LAND	5/31/16	48,300	0	0
186	2003 BLUE HONDA ODYSSEY	9/27/16	2,151	717	0
187	2005 BUICK RAINIER	11/02/16	3,732	1,244	0
190	1997 INTL UTILITY TRUCK 4900	4/17/17	5,000	0	0
192	RESTORE SECURITY SYSTEM	8/24/16	22,670	2,267	0
193	AISLE SIGN FOR WAREHOUSE	10/19/16	1,461	292	0
195	RESTORE LANDSCAPING	10/01/16	32,027	2,135	2,135
196	RESTORE PARKING LOT SEAL & STRIPE	10/01/16	12,089	806	806
197	RESTORE ROOF	10/01/16	84,532	2,113	2,113
198	RESTORE POLISHED CONCRETE FLOORS	10/01/16	62,078	6,208	0
199	RESTORE SIGN	10/01/16	21,113	3,016	0
200	FIRE SPRINKLER	10/01/16	25,129	628	0
201	AIR CONDITIONING	10/01/16	66,357	6,635	0
202	RIGHT TURN LANE	10/01/16	43,921	2,928	0
203	RESTORE A/V EQUIPMENT	10/01/16	10,019	2,004	0
204	RESTORE POS	10/01/16	10,138	2,027	0
205	RESTORE MONITORS 3 SAMSUNG 58" HDTV	10/10/16	1,494	299	0
206	LENOVO M700 TINY IE-6100T-MICHELLE'S	5/26/17	504	101	0
207	2016 Real Estate Taxes	6/30/17	1,213	0	0
<b>Total Other Depreciation</b>			<u>6,220,028</u>	<u>181,115</u>	<u>13,203</u>
<b>Total ACRS and Other Depreciation</b>			<u>6,220,028</u>	<u>181,115</u>	<u>13,203</u>
<b>Grand Totals</b>			<u>6,223,162</u>	<u>181,324</u>	<u>13,412</u>

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

Asset	Description	Date In Service	Cost	State	AMT
152	SMART BOARDS (2)	9/16/11	12,900	0	0
153	CONF ROOM LCD SREENS (4)	9/16/11	3,858	0	0
154	CONF ROOM LAPTOPS (4)	9/16/11	2,236	0	0
155	NETWORK HARWARE & CABLING	9/16/11	7,748	0	0
156	2013 HC BOX TRUCK	6/26/13	38,558	7,712	7,712
158	SERVER	9/04/12	4,561	152	0
160	desktop computers (3)	4/10/14	1,695	339	0
161	LOADING RAMP FOR 2013 HC BOX TRUCK	8/02/13	1,623	324	0
164	desktop computer(1)	2/14/14	664	132	0
165	desktop computer (1)	1/15/14	603	121	0
166	desktop computer (1)	11/12/13	559	112	0
167	FURN UPHOLSTERY & MATTRESS CLEAN	5/29/15	2,668	533	437
168	2000 DODGE GRAND CARAVAN	3/01/15	996	199	0
169	2015 RORU 16'	5/14/15	1,650	330	0
171	RESTORE POS SERVER	1/23/15	711	142	0
172	UNDERGROUND UTILITY MARKINGS	5/08/15	1,280	256	0
173	DURASTORM, GLASS IMPACT	6/11/15	11,358	284	0
174	TILT MIRROR, GRAB BAR	6/17/15	827	165	0
175	ReSTORE PHASE I EXPANSION	6/30/15	245,173	6,129	0
176	ReSTORE PHASE I A/C	6/30/15	34,279	3,428	0
178	NESTAFLEX FLEXIBLE CONVEYOR	8/17/15	2,777	556	0
179	ReSTORE EXPANSION PHASE II	10/01/16	1,264,048	31,601	0
180	MS OFFICE PRO 2016	6/07/16	2,567	514	0
181	MS WINDOWS 2010	6/07/16	450	90	0
182	KATHY'S NEW CPU-NUC I3 KIT	2/15/16	550	110	0
183	DESKTOP COMPUTER-DEVELOP ASSOC	3/18/16	710	142	0
184	1740 10TH WAY-BLDG	5/31/16	66,647	1,666	0
185	1740 10TH WAY SW-LAND	5/31/16	48,300	0	0
186	2003 BLUE HONDA ODYSSEY	9/27/16	2,151	717	0
187	2005 BUICK RAINIER	11/02/16	3,732	1,244	0
190	1997 INTL UTILITY TRUCK 4900	4/17/17	5,000	0	0
192	RESTORE SECURITY SYSTEM	8/24/16	22,670	2,267	0
193	aisle sign for warehouse	10/19/16	1,461	292	0
195	RESTORE LANDSCAPING	10/01/16	32,027	2,135	2,135
196	RESTORE PARKING LOT SEAL & STRIPE	10/01/16	12,089	806	806
197	RESTORE ROOF	10/01/16	84,532	2,113	2,113
198	RESTORE POLISHED CONCRETE FLOORS	10/01/16	62,078	6,208	0
199	RESTORE SIGN	10/01/16	21,113	3,016	0
200	FIRE SPRINKLER	10/01/16	25,129	628	0
201	AIR CONDITIONING	10/01/16	66,357	6,635	0
202	RIGHT TURN LANE	10/01/16	43,921	2,928	0
203	RESTORE A/V EQUIPMENT	10/01/16	10,019	2,004	0
204	RESTORE POS	10/01/16	10,138	2,027	0
205	RESTORE MONITORS 3 SAMSUNG 58" HDTM	10/10/16	1,494	299	0
206	LENOVO M700 TINY IE-6100T-MICHELLE'S	5/26/17	504	101	0
207	2016 Real Estate Taxes	6/30/17	1,213	0	0
<b>Total Other Depreciation</b>			<u>6,219,033</u>	<u>181,115</u>	<u>13,203</u>
<b>Total ACRS and Other Depreciation</b>			<u>6,219,033</u>	<u>181,115</u>	<u>13,203</u>
<b>Grand Totals</b>			<u>6,222,167</u>	<u>181,324</u>	<u>13,412</u>