EXTENDED TO MAY 15, 2020

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

OMB No. 1545-0047 18

X Yes

Form 990 (2018)

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, B Check if applicable: C Name of organization D Employer identification number HABITAT FOR HUMANITY NORTHWEST HARRIS COUNTY Name change Doing business as 76-0273510 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final PO BOX 682785 281-477-0460 termin City or town, state or province, country, and ZIP or foreign postal code 5,528,155. G Gross receipts \$ Amended return HOUSTON, TX 77268 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CAROLYN LUOMALA for subordinates? Yes X No 13350 JONES ROAD, HOUSTON, TX H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) ___ 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW. HABITATNWHC. ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1989 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: TO CREATE DECENT AND AFFORDABLE Activities & Governance HOUSING FOR THOSE IN NEED, DEVELOP RESPONSIBLE HOME OWNERSHIP AND TO Check this box larger if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 15 3 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 52 5 Total number of volunteers (estimate if necessary) 2500 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 ... 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,390,391 Revenue 595,612. Program service revenue (Part VIII, line 2g) 269,347. 241,584. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,595,581. 4,532,275. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,255,319. 5,369,471. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 30,000. 20,000. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 1,361,773. 747,925. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,648,313. 4,520,385. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,040,086. 6,288,310. Revenue less expenses. Subtract line 18 from line 12 . 2,215,233. 918,839. OF Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 9,224,089. 8,460,054. 21 Total liabilities (Part X, line 26) 1,376,020. 1,221,216. Net 22 Net assets or fund balances. Subtract line 21 from line 20 8,002,873. 7,084,034. 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. Signature of officer Sign CAROLYN LUOMALA, Here TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid KENNY KOLKHORST Preparer Firm's name FITTS, ROBERTS, KOLKHORST & CO., P01065740 self-employed Use Only 74-1699466 Firm's address 9977 W. SAM HOUSTON PKWY. N. HOUSTON, TX 77064 Phone no. 281-477-9100 May the IRS discuss this return with the preparer shown above? (see instructions)

Paı	rt III Statement of Program S		
1	Briefly describe the organization's mis		OCE IN NEED DEVELOD
		FFORDABLE HOUSING FOR THO MERSHIP AND MAKE A DECEN	
	CONSCIENCE EVERYWHE		I SHEDIER A MAILER OF
	COMPETENCE EVENTANIE	KII •	
2	Did the organization undertake any siç	gnificant program services during the year which	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services		
3		g, or make significant changes in how it conducts	, any program services? Yes X No
	If "Yes," describe these changes on S		
4			est program services, as measured by expenses.
			s and allocations to others, the total expenses, and
4a	revenue, if any, for each program serv (Code:) (Expenses \$ 5	, 867,043 • including grants of \$	20,000.) (Revenue \$ 4,642,006.)
та	COMPLETED CONSTRUCT QUALIFIED NEW LOW I	ION OF 272 NEW HOMES SIN	CE 1989 AND TRANSFERRED TO
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in S	chedule O.)	
	(Expenses \$	including grants of \$	(Revenue \$
4e	Total program service expenses	5,867,043.	
			Form 990 (2018)

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Form 990 (2018) COUNTY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, 1 , , ,	14a		Х
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	1/16		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- ^
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2018) COUNTY

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			\
	Schedule K. If "No," go to line 25a	24a		Х
b	71 7 7 1 71 1	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			\ _{3,7}
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ _{3,7}
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response or note to any line in this Part V			<u> </u>
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 346248		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

a Gross income from members or shareholders				Yes	No				
b If at least one is reported on line 2 a, did the organization the all required federal employment tax returns? Note, If the sum of lines 1 and 2 ais greater than 250, you may be required to e- file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, * has it filed a Form 990-1 for this year? If Yeo' to line 30, provide an explanation in Schedule O 3b If Yes, * has the filed a Form 990-1 for this year? If Yeo' to line 30, provide an explanation in Schedule O 3c If Yes, * has the filed a Form 990-1 for this year? If Yeo' to line 30, provide an explanation in Schedule O 3c If Yes, * has the filed a Form 990-1 for this year? If Yeo' to line 30, provide an explanation in Schedule O 3c If Yes, * has the filed a Form 990-1 for this year? If Yeo' to line 30, provide an explanation in Schedule O 3c If Yes, * has the filed a Form 990-1 for the year of Foreign Bank and Financial account; year of the provided in the year of Fine 1 for year year of the year year. If Yea's to line 5 are 5 h, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes's to line 5 are 5h, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes's to line 5 are 5h, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes's to line 5 are 5h, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes's to line 5 are 5h, did the organization has the was not say the year or the year of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or gits were not tax deductible? 6c If Yes, a file the organization has a charitable contributions? 6c If Yes, a file the organization has a charitable contributions and party for goods and services provided to the payor? 7c Organization shall explain the year payman the property of the v	2a								
Shote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrolated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account or other financial account?) 4b If "Yes," enter the name of the foreign country [such as a bank account, securities account or other financial accounts? 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for the value organization and the way or is a party to a prohibition at shelter transaction? 5ce instructions for the value organization file Form 8888.7? 6c		filed for the calendar year ending with or within the year covered by this return 2a 52							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, "Fast filed a Form 9901 for this year," "It "hos' to file 3b, yourwide an explanation in Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country, such as a bank account, securities account, or other financial account (or other financial account). The such that is a such a such as a bank account, securities account, or other financial account (or other financial account). The such as a bank account, securities account, or other financial account (or other financial account). The such as a bank account, securities account, or other financial account (or other financial account). The such as a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X				
If I*Yes,* has it filled a Form 990.T for this year? If "No* to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (FBAF). 5b If Yes,* enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5c Was the organization a party to a prohibitotic tax shefer transaction at any time during the tax year? 5a Was the organization a party to a prohibitot dax shefer transaction at any time during the tax year? 5b If Yes,* to line 5a or 5b, did the organization file Form 888617? 5c If Yes* to line 5a or 5b, did the organization file Form 888617? 6c If Yes* to line 5a or 5b, did the organization file Form 888617? 6c If Yes*, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that wary receive deductible contributions under section 170(c). 8d If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization state any receive deductible contributions under section 170(c). 8d If Yes,* did the organization notify the donor of the value of the goods or services provided? 7b If Yes,* did the organization notify the donor of the value of the goods or services provided? 7c If If I we organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If I we organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d I we organization received a contribution of cars, boats, airplanes, or other valuices, did the organization file a Form 1988.0? 8 Did the organization received a contribution of cars, boats, airplanes, or other valuices, did the organization f		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a A tary 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) or the financial account in a foreign country. ▶ 5b Was the organization failing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization to a problem for the organization file Form 888-T? 5c If "Yea's to line 5a or 5b, did the organization are normally greater than \$100,000, and did the organization solicit any contributions 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? 5c Dest the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bit "Yes," idid the organization notify the donor of the value of the goods or services provided? 9d bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9d bit the organization receive and notify the donor of the value of the goods or services provided? 9d bit the organization receive and notify the donor of the value of the goods or services provided? 9d bit the organization during the year, any premiums, directly or indirectly, on a personal benefit contract? 9d bit the organization during the year, any premiums, directly or indirectly, on a personal benefit contract? 9d bit the organization received a contribution of qualified intellectual property, did the organization file Form 889-8. The provision of the property of the property of the org					Х				
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 8886-17 6c 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? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization netwer aparent in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 7c If If "Yes," indicate the number of Forms 8282 filed during the year 8c Did the organization receive a party funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations make any taxed funds. Did a donor advised fund maintained by the sponsoring organizations make any taxed distributions under section 4968? 9 Sponsoring organizations make any taxed bedings at any time during the year? 9 Sponsoring organization make any taxed bedings at any time during the year? 10 If the organization received a contribution of the atmosphale funds			3b						
b If "Yes," enter the name of the foreign country. Sa Was the organization a party to a prohibited tax shelter transaction? Sa X	4a				37				
See instructions for filing requirements for FinCRN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X 5 c If "Yes" to line Sa or 58, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c 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? 6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b If "Yes," did the organization include with every solicitation an expresses statement that such contributions or gifts were not tax deductible? 7 o Organizations that may receive deductible contributions under section 170(c). 8 bid the organization receive a payment in excess of \$75 made party as a contribution of and party for goods and services provided to the payor? 7 b If "Yes," indicate the number of forms \$282 fined during the year expression of the value of the goods or services provided? 7 c X 7 d If "Yes," indicate the number of Forms \$282 fined during the year 8 Did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any atsable distributions under section 4966? 9 s possoring organization make any atsable distributions under section 4966? 9 so Did the sponsoring organization make any atsable distributions under			4a		Λ				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes' to line 5a or 5b, did the organization file Form 8886 7' 6a Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year b Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised funds. 10a If the sponsoring organization make any taxable distribution or diving the year? 9 Sponsoring organization have exce	b	• • • • • • • • • • • • • • • • • • • •							
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If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	IJ		15		х				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			10						
	16		16		Х				
	-								

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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			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Divided (This decitor B requests information about politics not required by the internal revenue dece.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 14		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	125		
Ŭ	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	•		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55	_	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.54	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	.0.0		
17	List the states with which a copy of this Form 990 is required to be filed ▶TX			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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	d finan	cial	
	statements available to the public during the tax year.		-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DOUG WEAVER - 281-477-0460			
	13350 TONES ROAD HOUSTON TX 77070			

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

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

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.

(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any hours for related	Individual trustee or director	rustee			oensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization
	organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) GEORGI ROSAL	6.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(2) JOHN HIMSEL	6.00	ļ								
VICE-PRESIDENT		Х		Х				0.	0.	0.
(3) CAROLYN LUOMALA	6.00	ļ								
TREASURER		Х		Х				0.	0.	0 .
(4) BILL BRYANT	6.00	ļ ,,		,,					0	0
SECRETARY	6.00	Х		Х				0.	0.	0.
(5) CHRIS KEIRS	6.00	x		х				0.	0.	0
GENERAL COUNCIL	6.00	^		Δ				0.	0.	0 .
(6) BRIAN KOLENDA AT-LARGE MEMBER	0.00	X		х				0.	0.	0.
(7) ANN ESCHENFELDER	6.00	^		Δ				0.	0.	0.
AT-LARGE MEMBER	0.00	X		х				0.	0.	0.
(8) LINDA NIELSON	6.00	123							•	0 .
AT-LARGE MEMBER	0100	x		x				0.	0.	0 .
(9) SOLEIL WATT	40.00	 								
EXECUTIVE DIRECTOR		x		x				107,000.	0.	0 .
(10) PATRICK BOURGEOIS	2.00							,		
DIRECTOR		Х						0.	0.	0 .
(11) JASON AWBREY	2.00									
DIRECTOR		Х						0.	0.	0 .
(12) KEN DINGES	2.00									
DIRECTOR		Х						0.	0.	0.
(13) MIKE BRAY	2.00									
DIRECTOR		Х						0.	0.	0 .
(14) GARRETT CLAYTON	2.00								_	_
DIRECTOR		X						0.	0.	0.
(15) TRENNICE JACKSON	2.00	1								_
DIRECTOR		Х						0.	0.	0 .
(16) CATHY DAVIS	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(17) WILL JONES	2.00	\ \ \								•
DIRECTOR		Х						0.	0.	0.0

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Part VII Section A. Officers, Directors, Trus (A)	(B)	T			C)			(D)	(E)			(F)	
Name and title	Average			Pos	itior			Reportable	Reportable			imate	d
Name and the	hours per					than is bot		compensation	compensation	1		ount c	
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related		c	ther	
	(list any	director						the	organizations		comp	ensat	ion
	hours for	or dire	a.			ted		organization	(W-2/1099-MIS	C)		m the	
	related organizations	stee	truste			bens		(W-2/1099-MISC)				nizatio	
	below	lal tri	ional		ploye	t com	١.					relate nizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	iizatio	113
(18) TROY SPENCER	2.00	=	=	0	3	工品	ш.						
DIRECTOR		x						0.		0.			0.
(19) VIRGINIA VORSTER	2.00												
DIRECTOR		Х						0.		0.			0.
		1											
		_	_		_	_							
		$\frac{1}{1}$											
		\vdash											
		1_											
		1											
1h Cub total								107,000.		0.			0.
1b Sub-total c Total from continuation sheets to Part V								0.		0.			0.
							-	107,000.		0.			0.
d Total (add lines 1b and 1c)									,000 of reportable	-			-
compensation from the organization											Ι,	Yes	1
3 Did the organization list any former officer,	director or tri	ıcta	م اده	av ar	mnle	2000	or	highest compensated a	mplovee on			Yes	No
line 1a? If "Yes," complete Schedule J for s	•			•		•					3		Х
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or	•				•	,		G					v
rendered to the organization? If "Yes," con Section B. Independent Contractors	iplete Schedul	e J i	or s	uch	pers	son					5		X
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100.000 of com	oens	ation fr	om	
the organization. Report compensation for	-	-											
(A)								(B)			(C)		
Name and business	address	N	INC	E				Description of s	ervices	<u>C</u>	ompen	sation	1
							\dashv						
	. ,		**										
2 Total number of independent contractors (\$100,000 of compensation from the organi		iot li	mıte	a to		se li:	stec	a above) who received m	nore than				

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Form 990 (2018) COUNTY
Part VIII Statement of Revenue COUNTY

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
		Chook ii Consulate C Cons	<u>ame a 199901190</u>	or mote to uny m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
ìrar		Membership dues						
Å,		Fundraising events						
ar/a		Related organizations						
s, G		Government grants (contributi						
Sign		All other contributions, gifts, grant						
her	·	similar amounts not included above		595,612.				
ÖĘ	а	Noncash contributions included in lines		22,575.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			595,612.			
				Business Code	,			
g.	2 a	SALE OF HOMES		236000	241,584.	241,584.		
ا کن	b				,	,		
Sel	c							
eve	d							
Program Service Revenue	e							
<u>r</u>	f	All other program service reve	nue					
	g				241,584.			
	3	Investment income (including						
		other similar amounts)		>				
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
o l	8 a	Gross income from fundraising	g events (not					
nu		including \$	of					
eve		contributions reported on line	1c). See					
┈		Part IV, line 18	а	193,105.				
Other Revenue	b	Less: direct expenses						
١	С	Net income or (loss) from fund	Iraising events	>	131,853.			131,853.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	2,629,009.				
	b	Less: cost of goods sold	b	97,432.				
L	С	Net income or (loss) from sales	s of inventory	>	2,531,577.	2,531,577.		
		Miscellaneous Revenu	е	Business Code				
	11 a	DECONSTRUCTION		230000	1,247,000.	1,247,000.		
	b	MORTGAGE LOAN DISCOUNT		230000	361,442.	361,442.		
	С	MISCELLANEOUS		624200	260,403.	260,403.		
		All other revenue						
	е	Total. Add lines 11a-11d			1,868,845.			
	12	Total revenue. See instructions			5,369,471.	4,642,006.	0.	131,853.

Form 990 (2018)

Part IX Statement of Functional Expenses

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

	Chack if Schodula O contains a respon	·		· · · · · · · · · · · · · · · · · · ·	
Do	Check if Schedule O contains a resport include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПЗСЗ	general expenses	схрензез
·	and domestic governments. See Part IV, line 21	20,000.	20,000.		
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	1,747,925.	1,543,548.	69,328.	135,049.
6	Compensation not included above, to disqualified			00,0200	
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
_	· · · · · · · · · · · · · · · · · · ·				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	• • • • • • • • • • • • • • • • • • • •				
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	157 013	100 042	27 070	
	column (A) amount, list line 11g expenses on Sch 0.)	157,913.	120,043.	37,870.	
12	Advertising and promotion	01 406	45.026	20 171	4 010
13	Office expenses	81,426.	45,036.	32,171.	4,219.
14	Information technology				
15	Royalties	C14 2C7	F06 001	4 467	12 000
16	Occupancy	614,367.	596,091.	4,467.	13,809.
17	Travel	70,734.	58,008.	10,452.	2,274.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20 504		20 704	
20	Interest	32,704.		32,704.	
21	Payments to affiliates	106 100	106 100		
22	Depreciation, depletion, and amortization	126,130.	126,130.	4 224	0 510
23	Insurance	126,583.	119,673.	4,391.	2,519.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	4 500 000	1 500 000		
а	CONSTRUCTION COSTS	1,522,803.	1,522,803.		
b	DEMOLITION COSTS	1,289,628.	1,289,628.	14 221	
С	OTHER	165,641.	120,638.	41,281.	3,722.
d	UTILITIES	104,009.	101,320.	1,023.	1,666.
е	All other expenses	228,447.	204,125.	8,267.	16,055.
25	Total functional expenses. Add lines 1 through 24e	6,288,310.	5,867,043.	241,954.	179,313.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					C 000 (0010)

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,859,925.	1	2,445,227.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	37,052.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated er	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	Г	3,231,047.	7	3,136,605.	
ĕ	8	Inventories for sale or use		130,570.	8	118,999.	
	9			Г	4,383.	9	10,808.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,018,585.			
	b	Less: accumulated depreciation		575,587.	452,028.	10c	442,998.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		185,264.	13	309,805.	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,360,872.	15	1,958,560.		
	16	Total assets. Add lines 1 through 15 (must equa			9,224,089.	16	8,460,054.
	17	Accounts payable and accrued expenses	189,378.	17	375,384.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D	254,495.	21	270,345.
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			777,343.	23	730,291.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			1 001 016	25	1 256 222
	26				1,221,216.	26	1,376,020.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			C CO2 F22		6 700 047
anc	27	Unrestricted net assets			6,693,523.	27	6,789,847.
Fund Balances	28	Temporarily restricted net assets		<u></u>	1,309,350.	28	294,187.
pu	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
ğ		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			0 000 072	32	7 004 034
_	33	Total net assets or fund balances			8,002,873.	33	7,084,034.
	34	Total liabilities and net assets/fund balances			9,224,089.	34	8,460,054.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	5,36 6,28 -91 8,00	9,4 8,3 8,8	10. 39.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,08	4,0	34.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

HABITAT FOR HUMANITY NORTHWEST HARRIS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COUNTY 76-0273510 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

76-0273510 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not						
	include any "unusual grants.")	792,374.	598,270.	414,724.	2390391.	595,612.	4791371.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	702 274	E00 270	111 701	2200201	EOE (1)	1701271
	Total. Add lines 1 through 3	792,374.	598,270.	414,/24.	2390391.	595,612.	4791371.
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)						4791371.
	Public support. Subtract line 5 from line 4.						4/913/1.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	792,374.	598,270.	414,724.	2390391.	595,612.	4791371.
	Gross income from interest,	75275720	330,2700		20300321	333,011	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4791371.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stor	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				100 00
	Public support percentage for 2018 (100.00 %
	Public support percentage from 2017						100.00 %
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•	-	
_	meets the "facts-and-circumstances"	•	•		•		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		
40	organization meets the "facts-and-circ		-	•			
ΙÖ	Private foundation. If the organization	n dia not check a l	<u>oox on line 13,</u> 16	a, 100, 1/a, 0r 1/k	o, cneck this box a	na see instruction	S

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 COUNTY

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.)

Se	ction A. Public Support	, ,	piete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publi					1451	
	Public support percentage for 2018 (li					15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	<u>%</u>
	•					17	
17						 	<u>%</u>
	8 Investment income percentage from 2017 Schedule A, Part III, line 17						
136	more than 33 1/3%, check this box ar						I I IS HUL
L	33 1/3% support tests - 2017. If the						
K	line 18 is not more than 33 1/3%, che	•			*	•	
20	Private foundation. If the organization			•		•	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Qh		
	9b		
	9с		
	_		
	10a		
	เบล		
	10b		
m 9	90 or 99	90-EZ)	2018

Has the organization accepted a gift orchitoched in the state organization and decide organization and decided organization or state organization and decided organization organizati			7331	<u> </u>	age 3
11 Has the organization accepted a gift or contribution from any of the following persons? A person with develoy or indevelot yourtole, either calino or together with persons described in (b) and (c) below, the governing body of a supported organization? A 25% controlled entity of a person described in (a) or (b) above? A 25% controlled entity of a person described in (a) or (b) above? Did the directors, mustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or bustoes at all times during the tax yea? If "No," describe in Part VI in the supported organizations have the power to regularly appoint or elect at least a majority of the organizations of directors or bustoes at all times during the tax yea? If "No," describe in Part VI in the supported organization of granization, describe how the powers to appoint andior remove directors or furnises were allocated among the supported organization, describe how the powers to appoint andior remove directors or furnises were allocated among the supported organization, describe how the powers to appoint andior remove directors or furnises were allocated among the supported organization of particular to the properties of particular organization of the than the supported organization and what conditions or estrictions, if any, applied to such powers during the tax year. Describe the organization of particular to the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization of the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization of each of the supported organizat	Pa	rt IV Supporting Organizations _(continued)		I.,	·
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) below? 7 A 35% controlled entity of a person described in (a) below? 8 Ves No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations derectors or trustees at all times during the tax year? If "No," describe he power to controlled the organization or according effectively operated, supervised, or controlled the organization is according effectively operated, supervised, or controlled the organization so activities if the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization other than the supported organization of the supported organization other than the supported organization of the supported organization other than the supported organization of the su				Yes	No
below, the governing body of a supported organization? b. A family member of a person described in (a) bove? c. A 55% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' 'describe in Part VI now the supported organizations have the power to regularly appoint or elect at least a majority of the organizations of sectors or trustees were allocated among the supported organization, describe in Part VI now the supported organization of sectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the third than the supported organization and what conditions or restrictions, affin, applied to such powers during the tax year. 1 Use of the organization provided the supporting organization of the supported organization (b) that operated, supervised, or controlled the supporting organizations are visited in the same persons that controlled or managed the supporting organizations supported organizations and the supported organization or management of the supporting organizations was vested in the same persons that controlled or managed the supported organizations are visited by the supported organizations and the supported organizations are visited by the supported organizations and the organizations are supported organizations and the organizations are supported organizations and the organizations are a significant voice in the organization is effector, or trustees either (i) appointed organizations have a supported organization in subsporte					
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above?!! "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations or directors or trustees at all times during the tax year? If "No" describe in Part VI how the supported organization (if efficiency operated, supervised, or controlled the organization's activities. If the organization of effective of personal during the tax year. 1 Did the directors, the powers to appoint and/or remove directors or trustees at all times during the tax year. 2 Did the organization's activities. If the organization's directors or trustees were allocated among the supported organization's describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization's describe and the supported organization's directors and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated is supported, or controlled the supported organization's that operated. 2 Did the organization's directors or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each 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 organization's and the supported organization's activities of the supported organization's activities organization's powering documents in effect on the date of notification,	а		110		
c. A 5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization (s) effectively operated, supervised, or controlled the organization sand what conditions or restrictions, if any, applied to that one supported organization, describe how the powers to appoint and/or remove directors or trustees were ellicated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the "Ne," explain in Part VI how providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supporting organization (s) the purposes of the supported organization (s) that operated, supporting organization (s) the purposes of the supported organization (s) that operated, supporting organization (s) the first the operated organization of the supported organization (s) the first how control or management of the supporting organization was vested in the same persons that controlled or management of the supported organization (s) the same as a supported organization (s) the same person that other organization provide to each of its supported organization is tax year, (s) a written notice describing the type and amount of support provided during the prior tax year. (s) a copy of the Form 900 that was most except life as of the date of notification, and (s) copies of the organization and supported organization (s) of several provided organization (s) of several provided organization (s) of several provided organization (s) of	h		—		
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe he Part VI how the supported organization's effectively operated, supervised, or controlled the organization satchities. 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. 2 Did the organization operated for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization(s) if "No," describe in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization is described in the same persons that controlled or managed the supported organization is supported organization or management of the supporting organization was vested in the same persons that controlled or managed the supported organization is tax year, (i) a verification, to was vested in the same persons that controlled or managed the supported organization is the supported organization is the supported organization is the supported organization is supported organization is provided by the organization is colored organizations. 1 Did the organization provide to each of its supported organization? If "No," explain in Part VI how the organization maritatined a close and continuous working reliabionship with the supported organiza					
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization () effectively operated, supervised, or controlled the arganization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization sand what conditions or restrictions, if any, appelled to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the "Ne," explain in Part VI how providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization of "Ne," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization or supported organization (s) that operated, supervised, or controlled the supporting organization was vested in the same persons that controlled or managerd for managered organization or management of the supporting organization was vested in the same persons that controlled or managered organizations and the supported organization or tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a voluments in effect on the date of notification, and (ii) copies of the organization (s) or (ii) serving on the governing documents in effect on the date of notification, and (ii) copies of the organization or supported organization and organization			11C		
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	h		Ja		
	J		3b		

Schedule A (Form 990 or 990-EZ) 2018 COUNTY

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	t t t t t t t t t t t t t t t t t t t
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

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Pai	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
<u></u>	Eine o amount arriada by ino o amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2017 Excess from 2018			
u	LAUGAA HUHLAUTO			

Schedule A (Form 990 or 990-EZ) 2018

76-0273510 Page 8 Schedule A (Form 990 or 990-EZ) 2018 COUNTY 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, Part VI 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.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

2012

OMB No. 1545-0047

Name of the organization

Organization type (check one):

HABITAT FOR HUMANITY NORTHWEST HARRIS COUNTY

Employer identification number

76-0273510

Filers of:	Section:					
Form 990 or 99	90-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
•	organization is covered by the General Rule or a Special Rule. ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
section any o	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
year, preve	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, is che purpo	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \cdot\ \grace \ \grace \grace \ \grace					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization
HABITAT FOR HUMANITY NORTHWEST HARRIS
COUNTY

Employer identification number

76-0273510

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1	HABITAT FOR HUMANITY INTL 121 HABITAT STREET AMERICUS, GA 31709	\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	GREATER HOUSTON COMMUNITY FOUNDATION 515 POST OAK BLVD. STE 1000 HOUSTON, TX 77027	\$ 117,740. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	DAIKIN 19001 KREMIER RD WALLER, TX 77484	\$ 15,525. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4 SHELL OIL COMPANY FOUNDATION MATCHING GIFT P.O. BOX 8687 PRINCETON, NJ 08543	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	LAKEWOOD UNITED METHODIST CHURCH 11330 LOUETTA RD HOUSTON, TX 77070	\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	BANK OF AMERICA 700 LOUISIANA 8TH FLOOR HOUSTON, TX 77002	\$ 90,383. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
HABITAT FOR HUMANITY NORTHWEST HARRIS
COUNTY

Employer identification number

76-0273510

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	INYART, MARK S. 448 W. 19TH STREET, #161 HOUSTON, TX 77008	\$ <u>14,000.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	YOURCAUSE 2508 HIGHLANDER WAY SUITE 210 CARROLTON, TX 75006	\$ 22,564.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	GOODMAN MANUFACTURING COMPANY LP 19001 KREMIER RD WALLER, TX 77484	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	PCL INDUSTRIAL CONSTRUCTION 2322 WEST GRAND PARKWAY NORTH #200 KATY, TX 77449	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	WELLS FARGO BANK 27702 TOMBALL PARKWAY TOMBALL, TX 77375	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
HABITAT FOR HUMANITY NORTHWEST HARRIS
COUNTY

Employer identification number

76-0273510

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	dditional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				

Name of organization
HABITAT FOR HUMANITY NORTHWEST HARRIS

Employer identification number

HABITAT FOR HUMANITY NORTHWEST HARRIS COUNTY

7	6	_	n	2	7	3	5	1	U
•	u	_	u	4	•	J	J	_	v

	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,0	000 or less for t	the year. (Enter this info. once.)
No. om art I	(b) Purpose of gift	(c) Use of gift	: 	(d) Description of how gift is held
_		(e) Transfer		
	Transferee's name, address, a		K	elationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer		elationship of transferor to transferee
Na				
No. m t I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		of gift		
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
_		of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY NORTHWEST HARRIS COUNTY

Employer identification number 76-0273510

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year >		o organization dailing the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	>	,	g ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		3
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		J / F
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Acceptational and the Course OOO Doort V		

Schedule D (Form 990) 2018

COUNTY 76-0273510 Page 2

Par	rt III Organizations Mainta	aining Colle	ections of A	rt, Hist	orical Tr	easures, c	or Other	Simila	ır Asse	ts (continu	ed)
3	Using the organization's acquisition	n, accession, a	nd other record	ls, check	any of the	following tha	t are a sig	nificant ι	ise of its	collection	tems
	(check all that apply):										
а	Public exhibition		d	ı 🔲 L	oan or exc	hange progra	ams				
b	Scholarly research		е	. 🗌 c	Other						
С	Preservation for future gener	rations									
4	Provide a description of the organize	zation's collect	ions and explain	n how th	ey further t	he organization	on's exem	pt purpo	se in Par	XIII.	
5	During the year, did the organization	on solicit or rec	eive donations	of art, his	torical trea	sures, or othe	er similar a	assets			
	to be sold to raise funds rather tha	n to be mainta	ined as part of t	the organ	ization's co	ollection?				Yes	No_
Par	rt IV Escrow and Custodia	al Arrangen	nents. Comple	ete if the	organizatio	n answered "	'Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Forr	m 990, Part X, I	ine 21.								
1a	Is the organization an agent, truste	e, custodian o	r other intermed	diary for o	contribution	ns or other as	sets not ir	ncluded		_	
	on Form 990, Part X?								L <u>X</u>	Yes	└── No
b	If "Yes," explain the arrangement in	n Part XIII and	complete the fo	llowing ta	able:						
										Amount	
С	Beginning balance							1c			,495.
d	Additions during the year							1d			,067.
е	Distributions during the year							1e			,217.
f	Ending balance							1f			,345.
2 a	Did the organization include an am	ount on Form 9	990, Part X, line	21, for e	scrow or c	ustodial acco	unt liabilit	y?	L <u>X</u>	Yes	No No
	If "Yes," explain the arrangement in										X
Par	rt V Endowment Funds.	· ·				1					
		- ` `	Current year	(b) Pr	ior year	(c) Two year	s back (c	i) Three y	ears back	(e) Four y	ears back
1a	0 0 ,										
b											
С	Net investment earnings, gains, an	d losses									
d	1										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage		year end balanc	e (line 1g	g, column (a	a)) held as:					
а	3	ment		_%							
b			_%								
С	' '		%								
	The percentages on lines 2a, 2b, a										
За	Are there endowment funds not in	the possession	n of the organiza	ation tha	t are held a	ınd administe	red for the	e organiz	ation	[-	
	by:										es No
	(i) unrelated organizations									3a(i)	
											-
	If "Yes" on line 3a(ii), are the related									3b	
4 Da	Describe in Part XIII the intended u			wment fo	unds.						
Fai) D=:4 \/	Bandan (S F 000	Dod V II	10			
	Complete if the organization	answered Ye								() D	
	Description of property		(a) Cost or o basis (investr			or other		cumulate eciation	a	(d) Book	/alue
4-	Lond		Dasis (IIIVESIII	110111)	Dasis	(other)	debi	COIALIUIT			
	Land			-							
b	•			-	21	8,833.	1	15,14	12	102	,691.
	1			+		9,752.		60,44			,307.
d				+	, ,	J, 1 J Z •		· · , • ·	 	333	, 50 / •
	Other		Form 990 Part	X colum	n (R) line 1	10c)				442	,998.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

ľY	76-0273510	Page 3
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Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market value	.e
	al derivatives				
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				
	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		aluation: Cost or end-of-year market value	e
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.	F 000 D+ IV	/ Ba - 44 - 1 O Farma 000	Doub V. Broad F	
	Complete if the organization answered "Yes"	on Form 990, Part IV Description	, line 11d. See Form 990,	(b) Book value	
(4) T.Z	AND HELD FOR FUTURE CONS	•		1,915,5	
	THER ASSETS	INOCITON		42,9	
(3)				12,73	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)		1,958,5	60.
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forr	n 990, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
(1) Fed	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		0.5.)			
	umn (b) must equal Form 990, Part X, col. (B) line				
-	for uncertain tax positions. In Part XIII, provide		~		
organiz	ation's liability for uncertain tax positions under	FIN 48 (ASC 740). C	neck nere it the text of th	e rootriote has been provided in Part XIII	\Box

Pai	rt XI Reconciliation of Revenue per Audited Financia	al Statement	ts Wit	h Revenue per R	eturr).
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.				
1	Total revenue, gains, and other support per audited financial stateme	nts			1	5,528,155
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		2a			
b			2b			
С	1 / 0		2c	150 604		
	Other (Describe in Part XIII.)	L	2d	158,684.		150 604
е	Add lines 2a through 2d				2e	158,684
3	Subtract line 2e from line 1				3	5,369,471
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1				
а	, , , , , , , , , , , , , , , , , , , ,		4a			
b			4b			0
_	Add lines 4a and 4b				4c	5,369,471
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I				5 Dotu	
Га	Complete if the organization answered "Yes" on Form 990, Pa		ILS VV	itii Expelises pei	netu	
-					1	6,446,994
1 2	Total expenses and losses per audited financial statements					0,440,554
a		I	2a			
b			2b			
c	- · · ·		2c			
	Other (Describe in Part XIII.)		2d	158,684.		
	Add lines 2a through 2d	-			2e	158,684
3	Subtract line 2e from line 1				3	6,288,310
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					· · · · · · ·
	Investment expenses not included on Form 990, Part VIII, line 7b		4a			
	Other (Describe in Part XIII.)		4b			
	: Add lines 4a and 4b	-			4c	0 .
5					5	6,288,310
Pa	rt XIII Supplemental Information.					
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1				4; Part	X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additio	nal info	ormation.		
זגם	RT IV, LINE 1B:					
PAI	KI IV, LINE IB:					
пΔп	BITAT FOR HUMANITY NORTHWEST HARRIS	матитати	JS E	SCROW ACCOU	мтс	FOR
117 11	DITAL TON HOMMITT MONTHWEST HANKIES	117111117111	10 1	DCROW ACCOO	1110	1010
HOI	MEOWNER'S TAXES AND INSURANCE.					
PAI	RT IV, LINE 2B:					
HAI	BITAT FOR HUMANITY NORTHWEST HARRIS	MAINTAI	NS E	SCROW ACCOU	NTS	FOR
HOI	MEOWNER'S TAXES AND INSURANCE.					
PΔI	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
- 131	11 11, 11H1 20 OTHER ADOUGHENTS.					
COS	ST OF SALES ON INVENTORY					
FUI	NDRAISING EXPENSES					

Schedule D (Form 990) 2018 COUNTY	76-0273510 Page 5
Schedule D (Form 990) 2018 COUNTY Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF SALES ON INVENTORY SOLD	
FUNDRAISING EXPENSES	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

HABITAT FOR HUMANITY NORTHWEST HARRIS

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

COUNTY 76-0273510 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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

76-0273510 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events TOOL BOX (add col. (a) through BASH 1 col. (c)) (event type) (event type) (total number) Revenue 193,105. 183,705 9,400. 1 Gross receipts 2 Less: Contributions 193,105. 183,705. 9,400. **3** Gross income (line 1 minus line 2) 4 Cash prizes 4,400. 4,400. 5 Noncash prizes Direct Expenses 35,412. 35,412. 6 Rent/facility costs 5,686. 5,686. 7 Food and beverages 7,778. 7,778. 8 Entertainment 7,976. 7,976. 9 Other direct expenses 61,252. **10** Direct expense summary. Add lines 4 through 9 in column (d) 131,853. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **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:

Sch	edule G (Form 990 or 990-EZ) 2018 COUNTY 76	-0273510	Page 3
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:		
	i The organization's facility	13a	%
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100]	
'-	Title the flame 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	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{		
С	e 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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lines 9 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a r are m, mroo o, e	55, 165,
	·····, ····, ···· ····, ··· ··· ··· ···		

Schedule G	G (Form 990 or 990-EZ) COUNTY	76-0273510	Page 4
Part IV	(Form 990 or 990-EZ) COUNTY Supplemental Information (continued)		
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

HABITAT FOR HUMANITY NORTHWEST HARRIS

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number

COUNTY							76-0273510
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records		-		-			
criteria used to award the grants or ass							X Yes No
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to	-				anization answered "\	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than		1			(f) Method of	1	r
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE NEED FOR
HABITAT FOR HUMANITY INTERNATIONA	L						AFFORDABLE HOUSING IN
INC 125 WASHINGTON ST -							ECONOMICALLY DEPRESSED
NEWBURGH, NY 12550	14-1815690	501(C)(3)	20,000.	0.			AREAS AROUND THE WORLD.
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	and government o		he line 1 table				\

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

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION ANNUALLY REMIT	rs a tithe o	F ITS CONT	TRIBUTIONS	(EXCLUDING	
IN-KIND AND RESTRICTED CONTRIBU	TTTONS) TO H	ARTTAT FOR	R HIIMANTTY	TNTERNATIONAL.	
	*				
TO SUPPORT HABITAT AFFILIATES	IN LESSER DE	AETOLED CO	JUNTRIES. T	HE BOARD OF	
DIRECTORS IS IN CONTROL OF DIST	TRIBUTIONS.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. HABITAT FOR HUMANITY NORTHWEST HARRIS

Open to Public Inspection

Employer identification number

COUNTY 76-0273510 Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 22,575.COMPARABLE SALES (AUCTION ITEMS) 25 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **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,

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

Schedule M (Form 990) 2018

describe in Part II.

Schedule M	(Form 990) 2018 COUNTY	76-0273510	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combinist part for any additional information.	and whether the organization of both. Also com	ation
		_	

SCHEDULE O

Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

HABITAT FOR HUMANITY NORTHWEST HARRIS COUNTY

Employer identification number 76-0273510

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MAKE A DECENT SHELTER A MATTER OF CONSCIENCE EVERYWHERE.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO THE TREASURER. THE TREASURER REVIEWS FORM 990 AND ADDRESSES ANY QUESTIONS TO THE ACCOUNTING COORDINATOR. THE APPROVED FORM 990 IS THEN PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST DURING THEIR ANNUAL REVIEW. BOARD MEMBERS AND OFFICERS ARE REQUIRED TO DISCLOSE CONFLICT OF INTEREST MONTHLY AT THE BOARD MEETING AS THE NEED ARISES.

FORM 990, PART VI, SECTION B, LINE 15:

HABITAT FOR HUMANITY INTERNATIONAL PROVIDES COMPARABILITY DATA TO BE USED IN DETERMINING COMPENSATION. THE EXECUTIVE COMMITTEE DELIBERATES AND DETERMINES THE COMPENSATION. THE DECISION PROCESS IS DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

RESPONSABILITIES ASSUMED BY THE ORGANIZATION COMMITEE HAVE NOT CHANGED

FROM PRIOR YEAR.

Schedule O (Form 990 or 9	990-EZ) (2018)					Page 2
Name of the organization	HABITAT COUNTY	FOR	HUMANITY	NORTHWEST	HARRIS	Employer identification number 76-0273510

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must เ	use Form 7004 to request an extension of time to file incom	e tax retu	ns.						
				Enter file	er's identifying n	ımber			
Type o	Name of exempt organization or other filer, see instru HABITAT FOR HUMANITY NORTH	Employer identification number (EIN) o							
	COUNTY				76-02735	10			
File by t due date filing you return. S	e for Number, street, and room or suite no. If a P.O. box, sure PO BOX 682785	ee instruc	tions.	Social se	curity number (SS	BN)			
instructi		oreign add	ress, see instructions.						
Enter :	the Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applic Is For	eation	Return Code	Application Is For			Return Code			
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	990-BL	02	Form 1041-A			08			
Form 4	4720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	990-PF	04	Form 5227			10			
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 9	990-T (trust other than above)	06	Form 8870			12			
Tel If the	be books are in the care of \blacktriangleright 13350 JONES ROW ephone No. \blacktriangleright 281-477-0460 ne organization does not have an office or place of business his is for a Group Return, enter the organization's four digit of \blacktriangleright . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group				
	the organization named above. The extension is for the organization's return for: calendar year or tax year beginning _JUL 1, 2018, and ending _JUN 30, 2019								
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, any nonrefundable credits. See instructions.	3a	\$	0.					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and						
	estimated tax payments made. Include any prior year overp			3b	\$	0.			
С	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by						
	using EFTPS (Electronic Federal Tax Payment System). See	3с	\$	0.					

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045