

**THE THIRTIETH LEGISLATURE  
APPLICATION FOR GRANTS  
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating

Capital

Legal Name of Requesting Organization or Individual: Dba: Habitat for Humanity Hawaii Island

Amount of State Funds Requested: \$ 500,000

Brief Description of Request (Please attach word document to back of page if extra space is needed):

Habitat for Humanity Hawaii Island (HFHHI) strives to empower and strengthen low-income families by providing them with a solid foundation from which to build a better life. Habitat's vision is a world where everyone has an affordable, safe, place to live; and our mission is to bring people together to build homes, communities and hope. Habitat Hawaii Island's goal is to build 20 new, affordable, sustainable homes with low-income families earning between 30% and 80% of the Area Median Income (AMI). Habitat is requesting \$500,000 to help meet this goal.

Amount of Other Funds Available:

State: \$ 0

Federal: \$ 0

County: \$ 0

Private/Other: \$ 49,000

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 100,000

Unrestricted Assets:

\$ 14,002.39

New Service (Presently Does Not Exist):

Existing Service (Presently in Operation):

Type of Business Entity:

501(C)(3) Non Profit Corporation

Other Non Profit

Other

Mailing Address:

P.O. Box 4619

City: Kailua-Kona

State: HI

Zip: 96745

Contact Person for Matters Involving this Application

Name:  
Patrick F. Hurney

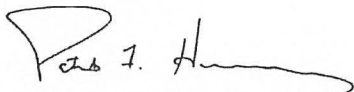
Title:  
Executive Director

Email:  
pat@habitathawaiiisland.org

Phone:  
808331-8010 ext. 103

Federal Tax ID#:  
[REDACTED]

State Tax ID#  
[REDACTED]



Authorized Signature

Patrick F. Hurney, Executive Director

Name and Title

01/10/2019

Date Signed

**received**  
1/24/19 2:29p JPH **LATE**

# Cover Page

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## Enclosures:

1. Cover Page
2. Checklist
3. Certificate of Good Standing
4. Statement of Declaration Form
5. Grant Application Narrative Response to Sections I-VII
6. Total Cost and All Sources of Funds
7. Budget Sheets (1-5)
8. Balance Sheet
9. IRS Approval of Extension for filing 990
10. IRS Form 990 (Most Recent)
11. Board Roster 2019
12. Organizational Chart
13. Resume-Executive Director
14. Job Descriptions
15. Documentation of 501 (C) (3) status
16. MOU with Department Of Hawaiian Homelands

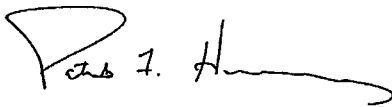


# Checklist

## Application Submittal Checklist

*The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.*

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
  - a) Budget request by source of funds ([Link](#))
  - b) Personnel salaries and wages ([Link](#))
  - c) Equipment and motor vehicles ([Link](#))
  - d) Capital project details ([Link](#))
  - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing



PATRICK F. HURNEY, EXECUTIVE DIRECTOR

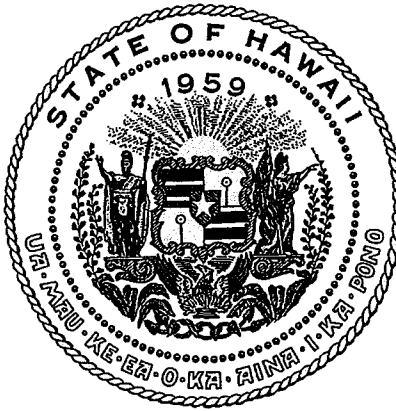
01/10/2019

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE

**CERTIFICATE  
OF  
GOOD STANDING**



## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

HABITAT FOR HUMANITY HAWAII ISLAND, INC.

was incorporated under the laws of Hawaii on 07/02/2001 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: December 11, 2018

Director of Commerce and Consumer Affairs



# Declaration Statement Form

**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

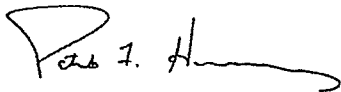
- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
  - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
  - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

**Habitat for Humanity Hawaii Island**

\_\_\_\_\_  
(Typed Name of Individual or Organization)



01/10/2019

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Patrick F. Hurney**

**Executive Director**

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Title)

**Grant Application  
Narrative Response to  
Sections I-VII**

## Application for Grants

***If any item is not applicable to the request, the applicant should enter "not applicable".***

### **I. Certification – Please attach immediately after cover page**

#### **1. Certificate of Good Standing (If the Applicant is an Organization)**

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2018.

*Please See Attached-Certificate of Good Standing issued by the Director of Commerce and Community Affairs.*

#### **2. Declaration Statement**

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. ([Link](#))

*Please See Attached-Signed copy of the Declaration Statement Form.*

#### **3. Public Purpose**

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. ([Link](#))

Yes, any funds received through the awarding of the GIA-CIP Grant program for FY 2019-2020 will be used for public purposes as specified in Section 42F-102, Hawaii Revised Statutes. More specifically, the funds will be used for the construction of affordable single family housing.

### **II. Background and Summary**

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

Habitat for Humanity Hawaii Island is an affordable home building Non-Profit Agency. On July 1, 2017 Habitat for Humanity West Hawaii merged with the Habitat affiliate in Hilo and became Habitat for Humanity Hawaii Island. Habitat Hawaii Island is a 501 (C) (3) non-profit, faith-based organization seeking to break the cycle of poverty and

homelessness by providing affordable home ownership opportunities to low-income families on the Big Island of Hawaii.

Since 2002, Habitat for Humanity Hawaii Island has built **60 new homes** and provided **48 critical home repairs** to alleviate health and safety concerns.

Habitat Hawaii Island most recently partnered with Hope Services and others to build **30 Micro-homes** in an effort to house people affected by the Kilauea Volcano eruption. The Micro-homes were built using a multisector approach that Habitat is known for and allowed many who were in the public shelter to relocate to the more private Micro-home while working through the disaster recovery phases with FEMA, etc. In addition to this effort, Habitat is currently working with **37 Puna area families** who need homes.

The Habitat model helps families build homes with a low monthly mortgage payments so they may use the remainder of their income for nutritious food, adequate health care, education, and reliable transportation. The design of the mortgage program is such that payments go into a revolving mortgage fund called the **Fund for Humanity**, which is then available to build more homes. This also allows Habitat homeowners to "pay it forward", creating a more affordable housing opportunities for future families in need.

Habitat Hawaii Island strives to empower and strengthen low-income families by providing them with a solid foundation from which to build a better life. Habitat's vision is a world where everyone has an affordable, safe, place to live; and our mission is to bring people together to build homes, communities and hope.

2. The goals and objectives related to the request;

Habitat for Humanity Hawaii Island's purpose is to provide affordable home ownership opportunities. Evidence based, best practices guide the services provided for affordable, sustainable home ownership. Habitat staff work to build new homes *with* families and then offer an affordable mortgage along with support such as classes in home maintenance, home repair, budgeting/financial literacy and more.

### **Goal FY 2019-2020**

Habitat for Humanity Hawaii Island has an ambitious goal of building 20 new, affordable, sustainable homes *with* low-income families earning between 30% and 80% of the Area Median Income (AMI).

### **Intended Outcomes FY 2019-2020**

This project will lead to the following intended outcomes:

1. 20 new affordable homes constructed with 20 hardworking low-income families, hundreds of volunteers and Habitat staff.
2. 20 Habitat families close on respective homes, pay an affordable mortgage and move into new, safe, affordable homes.

3. Strong partnerships and a multi-sector collaboration with foundations, corporations, small businesses and the county, state and federal government lessens the burden on government and social services agencies.
4. 20 hardworking deserving families (an estimated 100 individuals) move out of the inescapable cycle of poverty/homelessness and into safe affordable homes leading to family stability and prosperity.

**To achieve this goal habitat Hawaii Island has outlined the following objectives:**

1. Increase monetary and in-kind resources to meet the costs of building 20 new homes in FY 2019-2020.
  2. Develop partnerships and collaborate with foundations, corporations, local businesses and county, state and federal agencies to build safe, affordable single-family homes for low-income families on the Island of Hawaii.
  3. Recruit and coordinate teams of volunteers to assist with the construction of the 20 homes.
  4. Family Selection Committee: Identify 20 (qualified) low-income families earning between 30%-80% of the AMI for Habitat homes to be constructed.
  5. Habitat families, staff, contractors, teams of volunteers work together to build 20 new affordable homes.
  6. All 20 Habitat families close on their respective homes, move into new, safe homes and begin paying an affordable mortgage.
3. The public purpose and need to be served;

The state of Hawaii is experiencing a housing crisis with one of the highest rates in homelessness in the country. Hawai'i is also one of the highest in the country for cost of living, costliest housing market, and rate of poverty.

Due to depressed wages, heavy taxes, and the high cost of food and necessities, home ownership is a distant dream for most families on the Big Island. Even the average salaries of workers critical to Hawaii's economy, teachers, emergency responders, and construction workers are unable to afford fair market value rent and homes for sale.

Statistics show, **54%** of the population of Hawaii is **cost-burdened**, spending more than 30% of their income on housing. When families pay, too much for their housing, it means sacrifices in other areas of their lives, like nutritious food, healthcare and solid transportation.

All of these factors create a cycle of poverty and/or homelessness that is inescapable no matter how hard a family works. In Hawaii, **1 in 5 households are at risk of homelessness**. Over half of the families that are homeless or in transitional housing **have jobs**. The high cost of living and homelessness is not only felt by those it directly affects-each year. **The public cost** of someone who is homeless (the most vulnerable and disabled) **can range between \$35,000 and \$150,000** in services funded by public assistance. Many of these services are temporary solutions to the problem.

Habitat Hawaii Island offers the ***permanent solution of home ownership*** as a cost effective efficient way to impact this issue. Building and owning a home provides the foundation for families to realize their true potential. Studies show that students with a stable home environment have higher grades in school, and increased participation in social activities. Children are healthier and safer. There is a great benefit to local, State and Federal agencies, because home ownership means that families are less likely to rely on those agencies for funding and services, therefore, improving the entire community.

By building these 20 homes there is the potential to improve the lives of an estimated 60-100 or more individuals (depending on family size) living in poverty and unhealthy, unsafe, and overcrowded conditions.

4. Describe the target population to be served; and

Habitat for Humanity Hawaii Island serves the following target population:

1. Hardworking low-income families earning between 30% and 80% of the Area Median Income (AMI) residing in Hawaii County.
2. Native Hawaiian families eligible for land through Hawaiian Homelands earning between 30% and 80% of the Area Median Income (AMI) residing in Hawaii County.
3. Families willing to share in the responsibility of building their own home through Habitat for Humanity's sweat equity program and meeting Habitat criteria.
4. Priority of 10 homes dedicated to families impacted by the Kilauea Volcano eruption as part of the long-term Disaster Recovery Plan.

Number of persons served:

The intended result is to serve 20 hardworking low-income families. The actual number of individuals depends on the size of each household. For example, a household of 3-5 members means serving between 60-100 individuals.

Age range of persons served:

Individuals served by this project range in age from infant to senior citizen. Average age depends on the specific family selected for each home project.

5. Describe the geographic coverage.

### **Service Area-Geographic Location**

Following the merger between the Habitat Kona affiliate and the Habitat Hilo affiliate, HFHHI began serving families, island wide. The service area now includes those who have been impacted by the Kilauea Volcano eruption. Habitat families and construction project(s) will all be located in Hawaii County, Hawaii.

For the purposes of this grant, the specific location of the land is to be determined depending on the needs of the families selected and served. The property identified for construction is a combination of private and public land. Some of the property available is through Habitat's partnership agreement with the Department of Hawaiian Homelands for families who qualify and are determined eligible. Also, Habitat Hawaii Island owns a number of parcels donated to be used for home construction on behalf of Habitat Families in need.

### **III. Service Summary and Outcomes**

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;
2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;
3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

The primary focus of this project is to give a "hand up" not a "hand out" to 20 hard-working, low-income families who are affected by the nearly inescapable cycle of poverty and homelessness. Many of the families served would not be able to own a home otherwise and are families impacted by the devastating destruction of the Kilauea Volcano eruption and subsequent lava flow from fissure 8.

Each year Habitat Hawaii Island grows and strives to build capacity in alignment with the increasing need. Habitat Hawaii Island committed to increase significantly its' impact on the increasing gap between affordable homes, the needs for working families and the crisis of homelessness and poverty on the Island of Hawaii.

A new habitat home begins with fundraising by the Resource Development Department for 100% of the cost associated with construction. Confirmation of adequate funding is the first step that begins the building process.

In FY 2019-2020, Habitat committed to construct 20 new homes with 20 families in need island-wide. Working in partnership with the local and state agencies, the Department of Hawaiian Homelands, (through which leasehold property and



construction loans are provided on behalf of native Hawaiians), and our corporate and community partners, we will achieve this goal as we did in FY 2018-2019.

Tasks and Responsibilities: Under the general direction of the Building and Construction Committee the Executive Director, Finance Manager and the Construction Manager, will begin project planning March 1, 2019. Meetings are scheduled for project planning and will include the Deputy Director, Family Services Manager, and the Volunteer Coordinator.

Habitat Family Services staff will deliver orientations for prospective Habitat homeowners in locations across our services area, on the Big Island. After orientation, the Habitat Family Selection Committee meets and selects families based on need, ability to pay an affordable mortgage, and willingness to work 500 hours of sweat equity on the construction of their home.

The Volunteer Coordinator and Construction Manager recruit volunteers and sub-contractors to keep the costs for construction down to insure the home is affordable for Habitat families.

The Construction Manager puts together a construction schedule and draws up the plans. The schedule includes site preparation, installation of foundation, acquiring building materials and all supplies, framing, roofing and finishing. The Executive Director, Construction Manager and the Board of Directors Building/Construction Committee oversees the schedule and tasks to completion.

These tasks have already been assigned for the 20 homes to be built beginning July 1, 2019. Although it is sometimes challenging to raise sufficient funds, Habitat staff and board members are committed to do so to provide home ownership opportunities for hardworking, low-income, deserving Habitat families during FY 2019-2020.

The project is scheduled to begin with Habitat's fiscal year, **July 1, 2019 and completed by June 30, 2020**. The chart below is an estimated timeline of construction activities.

Construction Timetable	Start Date	End Date
<b>Pre-Construction</b> <ul style="list-style-type: none"> <li>● Building Permits Fees, etc.</li> <li>● Site Prep</li> <li>● temporary electric utilities</li> <li>● Materials on Site</li> </ul>	<b>Jul.1, 2019</b>	<b>Oct. 31, 2019</b>
<b>Construction:</b> <ul style="list-style-type: none"> <li>● Concrete Foundation or Pier and Post and Beam Setting</li> <li>● Framing</li> <li>● Roofing</li> </ul>	<b>Oct. 15, 2019</b>	<b>Dec. 15, 2019</b>

<ul style="list-style-type: none"> <li>Exterior finishes: walls, siding, windows, doors, painting</li> </ul>		
Plumbing and electrical	Dec. 15, 2019	Jan. 30, 2020
Interior finish work	Feb. 1, 2020	Mar. 31, 2020
Additional Site work	Apr. 10, 2020	Apr. 30, 2020
Walkways installed	May 1, 2020	May. 15, 2020
Project Complete	June 30, 2020	

The result of this project will be 20 newly constructed affordable homes for habitat qualified low-income families. These home ownership opportunities will be sustainable due to the low, no interest mortgage and through the service delivery model perfected by Habitat, which emphasizes home ownership development and training, and includes ongoing case management, life and soft skills training and financial literacy education.

**Quality Assurance**

Quality assurance is one of the building blocks of the Habitat for Humanity Risk Prevention and Response Program. This program includes the annual Habitat Affiliate Agreement to conduct business according to the principles established by Habitat International for all facets of the organization, ranging from family selection, service delivery, governance, human resources, and financial and legal practices.

All Habitat for Humanity affiliates must adhere to Habitat International's specific house design criteria.

Additionally, each Habitat affiliate is required to report quarterly to Habitat International on progress towards approved targets for number of homes built, outputs/outcomes for Homeowners, HR Practices, and Board governance.

For this project, home construction inspections will be regularly scheduled and performed at each phase of construction assuring the quality of work. Site supervisors closely monitor the work of volunteers where appropriate and volunteers attend clinics at Home Depot or Lowes to learn additional construction skills. It is a requirement that each person working on the construction site complete an online safety course.

Once a home is completed, the homeowner must fill out a buyer's checklist for each room of the interior and general exterior. All (if any) deficiencies are noted and a plan made to rectify them.

**Evaluation**

Early and robust evaluation is a key aspect of Habitat Hawaii Island's homebuilding program and Habitat has adopted several planning, monitoring, and evaluation tools.

Habitat's evaluation process starts with setting the vision of what is to be achieved, defining the results, selecting the tools, implementing the monitoring activities, and then using the resulting data to determine whether the right approach is being taken or what adjustments might be necessary because of what is learned.

Contributing to both quantitative and qualitative data collection, several tools are used. First, we measure the number of low-income families that respond to our outreach efforts, to ascertain our effectiveness in serving the target population. Second, we monitor the number of families that qualify as Habitat homeowners according to program criteria set.

We also consider the number of families who may not qualify in the short term, but may benefit from a plan to qualify in the future, such as starting a savings account, or becoming a part of an "incubator" program set up to assist families qualify and become homeowners. In the longer term, we monitor and evaluate the family's responsiveness to the mandatory financial literacy training and the Family Support Representative's assessment of their progress as a potential sustainable homeowner. This allows us to take timely action to remedy any problems that might arise.

Habitat Hawaii Island also administers an annual Habitat family survey in order to track each family's overall satisfaction with the process of becoming a homeowner. The survey delves into what they learned from the experience, and how they compare the quality, affordability and size of their new space with that of their prior housing. The survey also asks questions that gauges the experience that each family had with Habitat for Humanity Hawaii Island staff and volunteers.

Over the past couple of years, Habitat Hawaii Island implemented a sophisticated system of evaluation known as "Success Measures" provided by Habitat for Humanity International to evaluate its' new home construction program. Success Measures is the only national effort of its kind to support the collection of outcomes and impact data from the community development field, and consists of various survey tools, focus groups and observation formats. Using this information, Habitat Hawaii Island can determine the impact of the actions and then act on the findings.

Finally, in addition to local data collection, analysis and evaluation programs, Habitat International has aggregated research that shows that affordable housing brings great benefits to communities and to individuals in the areas of wealth accumulation, safety, health, education, and civic participation.

This information establishes a template for longitudinal evaluation of each affiliate's home building and critical repair program.

### **Measureable Results**

Habitat for Humanity measures effectiveness in several ways. Habitat Hawaii Island will measure the completion of the overall goal of completing construction of 20 homes

within the timeframe outlined. Habitat will report on the number of families participating in the orientation process as well as the number of low-income families qualified for the homes. Other data to report: homeowner training, and a survey of families regarding improvement of quality of life.

The following are the measurable results expected by the end of the project/grant period.

1. 20 families selected who qualify as a Habitat homeowners.
2. 20 families complete minimum of 500 sweat equity hours.
3. 20 Families complete homeownership training.
4. Construction of 20 new, safe, affordable homes completed on schedule.
5. 20 families participate in a survey to report on quality of life changes after becoming an affordable homeowner.

#### **IV. Financial**

##### **Budget**

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
  - a. Budget request by source of funds ([Link](#))  
**Please See Attached**
  - b. Personnel salaries and wages ([Link](#))  
**Not Applicable**
  - c. Equipment and motor vehicles ([Link](#))  
**Not Applicable**
  - d. Capital project details ([Link](#))  
**Please See Attached**
  - e. Government contracts, grants, and grants in aid ([Link](#))  
**Please See Attached**
  
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2020.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
<b>\$150,000</b>	<b>\$150,000</b>	<b>\$150,000</b>	<b>\$50,000</b>	<b>\$500,000</b>

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2020.

As funding opportunities become available the Resource Development Manager for Habitat Hawaii Island will apply for additional funding to meet the project finance goal of

\$2,994,000. The following is a listing of other funding sources received and requested at the time of this application for FY 2019-2020.

<b>Revenue:</b>	
Habitat Revenue (Restore revenue, Fund for Humanity, Event Revenue)	\$49,000.00
Habitat In-kind Contributions (Donations, Materials, Supplies, Volunteer Contractors)	\$141,000.00
Construction funds from DHHL (NHHBG)	\$1,497,000.00
HEI Foundation (Pending)	\$150,000.00
HOME Grant (Pending)	\$450,000.00
Hawaii Community Foundation	\$137,000.00
County of Hawaii Non-Profit Grant (-Pending)	\$50,000.00
United Way	\$20,000.00
State GIA Grant (Pending)	\$500,000.00
<b>TOTAL REVENUE</b>	<b>\$2,994,000.00</b>

**Note:** *Through a Memorandum of Understanding, Habitat for Humanity receives funding from DHHL (via a Federal NHHBG Grant) for homes built on Hawaiian homelands for qualified families. See attached MOU.*

***Please See Attached-Schedule of Costs and All Sources of Funding***

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

***Not Applicable***

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2020 for program funding.

Habitat Hawaii Island was awarded and received \$100,000 from the State GIA/CIP Grant program for FY 2018-2018 and was awarded but has not received \$265,000 from the GIA/CIP Grant program for FY 2018-2019. HFHHI also received \$19,300 from the County of Hawaii Non- Profit Grant for FY 2018-2019.

HFHHI intends to apply for \$50,000 from the County of Hawaii Grant program and has submitted a request for assistance in the amount of \$450,000 (pending) for unexpended funds FY 2018-2019.

***Please See Attached-All Sources of Funding***

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2018

Habitat for Humanity Hawaii Island has a balance of **\$14,002.39** in unrestricted assets as documented in the *preliminary* Balance Sheet dated through December 31, 2018.

***Please See Attached-HFHHI Balance Sheet***

## **V. Experience and Capability**

### **1. Necessary Skills and Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

Habitat for Humanity International has a 40+ years of experience of building safe affordable homes for families all over the world, with a well-documented record of positive impact.

Habitat for Humanity Hawaii Island has served families on the Big Island since 2002 and has gained recognition as the only affordable homebuilder that addresses the holistic needs of the low-income families in such a way as to create actual housing, sustainability, and stability.

In 2012, Habitat also successfully conducted a 5-home Blitz build, In 2017 Habitat successfully conducted Blitz Build 2017 and constructed 10 homes in 10 days. In all, Habitat for Humanity Hawaii Island has built **60 new homes** and provided **48 critical home repairs** to alleviate health and safety concerns. As noted previously, Habitat Hawaii Island partnered with Hope Services and others to build **30 Micro-homes** in an effort to house people affected by the Kilauea Volcano eruption.

This extensive experience coupled with Habitat's model for construction of safe, affordable, decent homes makes Habitat Hawaii Island uniquely qualified for this project.

### **2. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

Habitat for Humanity Hawaii Island operates out of the main office located at 73-4161 Ulu Wini Place, Bay 1 Kailua-Kona, Hawaii, 96740. The office is co-located with the Kona ReStore, which operated on the lower level of the warehouse.

The construction office is located at 65-1259 Kawaihe Road in Waimea, HI and is co-located with the Waimea ReStore. A third ReStore location is now at 871 Iolani Street, Hilo, HI 96720.

Offices and ReStores have access to office equipment, internet, phone and fax service as well as adequate meeting space.

## **VI. Personnel: Project Organization and Staffing**

### **1. Proposed Staffing, Staff Qualifications, Supervision and Training**

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Each staff person hired to work at Habitat Hawaii Island goes through the process of recruitment, application, interview and selection based on Habitat's HR policies and procedures. In general, we make staff selections based on minimum qualifications, their experience, skills, and "passion for the mission".

Once hired, each staff person enrolls in Habitat International designed training aligned with his or her particular area of responsibility.

For this particular project, the following key personnel will work toward success and meet the goal of building 20 homes:

Executive Director: Patrick F. Hurney, Executive Director of Habitat for Humanity Hawaii Island will provide general oversight of the entire Habitat for Humanity Hawaii Island organization and be administratively involved to ensure achievement of the overall goal of 20 Homes as planned. The Executive Director will meet regularly with the Deputy Director, Construction Manager, Finance Manager, and the Construction/Building Committee.

Deputy Director: Isobel Donovan, Deputy Director of Habitat for Humanity is responsible for oversight of the daily operations and administration of grants and contracts. The Deputy Director meets regularly with the Executive Director, Construction Manager, Finance Manager, and the Construction/Building Committee. In addition, the Deputy Director meets with Habitat's staff and other outside agencies to ensure smooth operations and alignment of tasks with organizational goals.

Finance Manager: The Finance Manager has responsibility of the overall financial management of the organization and specific construction projects. The finance Manager oversees accounts receivable, accounts payable, and ensures that the financial management is within the policies, procedures and guidance set forth in

auditing requirements, government and grant requirements with internal/external controls.

Construction Manager: The Construction Manager is responsible to oversee all aspects of the construction process in a way that utilizes staff, sub-contractors, Site Supervisors, volunteer labor and materials to produce quality homes in a safe and affordable manner. Construction management includes the following duties: managing construction staff and volunteers, overseeing residential construction sites, training volunteers, assisting with plan and site development, and developing methods for construction quality assurance to improve the long-term product. The Construction Manager also provides oversight of the logistics of coordinating sub-contractors, suppliers, schedule of delivery of building materials/supplies and working with inspectors at each phase of construction.

Site Supervisors: Site Supervisors are placed at each home and responsible for coordinating and managing volunteer construction teams to meet the daily goals. Site Supervisors also create task and match volunteer crew leaders (AmeriCorps members) with other volunteers as appropriate. The Supervisors monitor each task, assuring job safety and quality workmanship, as well as communicate any issues, concerns or needs to the Project Manager and/or Construction Manager.

Board of Directors Building/Construction Committee: Board Member Steve Machesky (Former Board President) is Chair of the Building and Construction Committee. The Board of Directors formed the Building/Construction Committee for oversight of all aspects of financial planning, scheduling, and evaluating the completion of homes as outlined in the annual goal, in this case 20 homes. The Committee meets monthly and more often as needed to keep projects on target and within the budget and timelines.

In addition, habitat provides support services that include:

Family Services Manager: The Family services Manager is responsible for working with families throughout the application and selection process. In addition, the Family Services Manager coordinates and facilitates the Homeowner Education component of the program providing classes in home repair, soft/life skills training and financial literacy setting the stage for long-term success and sustainability.

Resource Development: The Resource Development Coordinator works with the Executive Director and the Deputy Director to implement an annual fundraising plan based on the Habitat approved strategic plan and set goals for each year. The Development Coordinator has responsibility for fundraising events, grant writing, and networking to generate funds creating diversified sources of revenue allowing for adequate financial support of the home construction program.

## **2. Organization Chart**



The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

The placement of this grant request is under the stewardship of the Executive Director who is supported by the Finance Manager and the Construction Manager for execution of the project. For contact purposes regarding the coordination of grant writing and reporting the Resource Development Manager is assigned this task.

***Please See Attached-Organizational Chart***

**3. Compensation**

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

The Salaries of the highest paid employees at Habitat Hawaii Island range from \$62,000 to \$85,000. The top three highest paid employees of Habitat for Humanity Hawaii Island are:

1. Executive Director: annual salary at \$85,000 per year.
2. Deputy Director: annual salary at \$75,000 per year.
3. Finance Manager: annual salary at \$62,000 per year.

**VII. Other**

**1. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

***Not Applicable***

**2. Licensure or Accreditation**

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

Habitat for Humanity Hawaii Island is a registered 501 (c) (3) non-profit organization in the State of Hawaii. A letter documenting Habitat Hawaii Island's 501 (C) (3) status is included as an attachment.

***Please See Attached Documentation***

**3. Private Educational Institutions**

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

***Not Applicable***

No GIA/CIP Grant Funds will be used for sectarian or non-sectarian private educational institution.

**4. Future Sustainability Plan**

The applicant shall provide a plan for sustaining after fiscal year 2019-20 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2019-20, but
- (b) Not received by the applicant thereafter.

This is a specific funding request for a one-year project to make a very significant impact on affordable housing in a short period of time, thereby inspiring and encouraging support from other sectors.

Habitat Hawaii Island, works on continuous fundraising efforts as part of the overall sustainability for future construction projects. Funding comes from a variety of revenue sources through Habitat's ***multi-sector approach***.

One specific revenue source includes Habitat's three ReStore retail operations, which generate income by accepting donated building materials and home furnishings and selling these items at a drastically reduced price. Habitat Hawaii Island administration/operations are supported by revenue generated through the 3 ReStore locations in Kona, Waimea, and Hilo on the Big Island.

Another key source of revenue for Habitat Hawaii Island is the Development Team's solicitation of Foundation and Corporate grants. Habitat also receives funding in the form of direct individual and corporate donations as well as sponsorships.

Habitat Hawaii Island's ***Fund for Humanity*** is a fund account into which all mortgage and repair recovery payments are deposited into. Habitat can use these funds to build or repair more homes. The more homes we build, the larger this fund becomes allowing us to build more affordable housing on Hawaii Island.

**Total Cost  
And  
All Sources of Funds**

## Exhibit 1

### Habitat for Humanity Hawaii Island Schedule of Costs and Revenue

<b>Costs: (based on known costs of previous builds)</b>	
<b>For 20 homes</b>	
General Requirements	\$216,000.00
Site Work	\$100,000.00
Grading and Excavation	\$100,000.00
Concrete (inc. foundation/supplies)	\$300,000.00
Woods and carpentry	\$590,000.00
Roofing	\$150,000.00
Doors and windows	\$146,000.00
Finishes	\$440,000.00
Cabinets/Countertops	\$340,000.00
Plumbing	\$312,000.00
Electrical	\$300,000.00
<b>TOTAL COSTS</b>	<b>\$2,994,000.00</b>
<i>(total cost per home is \$149,700 X 20 homes)</i>	

**Note:** Habitat for Humanity Hawaii Island is able to build these homes at a cost of \$149,700 due to the thousands of hours of volunteer labor. Each home consumes approximately 1200 hours of volunteer labor valued at \$27.01/hour. For this project the goal is (20 homes) requiring a total of **24,000 hours labor at \$27.01/hr.= \$648,240 total volunteer labor value.** This is a significant in-kind financial contribution by Habitat, families, and the numerous community partners committed to this goal.

<b>Revenue:</b>	
Habitat Revenue (Restore revenue, Fund for Humanity, Event Revenue)	\$49,000.00
Habitat In-kind Contributions (Donations, Materials, Supplies, Volunteer Contractors)	\$141,000.00
Construction funds from DHHL (NHHBG)	\$1,497,000.00
HEI Foundation (Pending)	\$150,000.00
HOME Grant (Pending)	\$450,000.00
Hawaii Community Foundation	\$137,000.00
County of Hawaii Non-Profit Grant (-Pending)	\$50,000.00
United Way	\$20,000.00
State GIA Grant (Pending)	\$500,000.00
<b>TOTAL REVENUE</b>	<b>\$2,994,000.00</b>

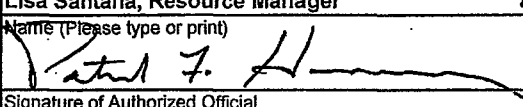
**Note:** Through a Memorandum of Understanding, Habitat for Humanity receives funding from DHHL (via a Federal NHHBG Grant) for homes built on Hawaiian homelands for qualified families. See attached MOU.

# Budget Sheets

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2019 to June 30, 2020

Applicant: Habitat for Humanity Hawaii Island

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	0	0	0	0
2. Payroll Taxes & Assessments	0	0	0	0
3. Fringe Benefits	0	0	0	0
<b>TOTAL PERSONNEL COST</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	0	0	0	0
2. Insurance	0	0	0	0
3. Lease/Rental of Equipment	0	0	0	0
4. Lease/Rental of Space	0	0	0	0
5. Staff Training	0	0	0	0
6. Supplies	0	0	0	0
7. Telecommunication	0	0	0	0
8. Utilities	0	0	0	0
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>C. EQUIPMENT PURCHASES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>D. MOTOR VEHICLE PURCHASES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>E. CAPITAL</b>	<b>500,000</b>	<b>1,497,000</b>	<b>50,000</b>	<b>947,000</b>
<b>TOTAL (A+B+C+D+E)</b>	<b>500,000</b>	<b>1,497,000</b>	<b>50,000</b>	<b>947,000</b>
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	500,000	Lisa Santana, Resource Manager		
(b) Total Federal Funds Requested	1,497,000	808-331-8010 ext. 102		
(c) Total County Funds Requested	50,000	Name (Please type or print)		
(d) Total Private/Other Funds Requested	947,000	Phone		
				
		Signature of Authorized Official		
		Date		
		1/11/2019		
<b>TOTAL BUDGET</b>	<b>2,994,000</b>	Patrick F. Hurney, Executive Director		
		Name and Title (Please type or print)		



## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2019 to June 30, 2020

Applicant: **HABITAT HAWAII ISLAND**

**NOT APPLICABLE**

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				

**JUSTIFICATION/COMMENTS:**

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				

**JUSTIFICATION/COMMENTS:**

**Habitat for Humanity is not requesting funds to purchase equipment or motor vehicles.**



## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2019 to June 30, 2020

Applicant: **HABITAT HAWAII ISLAND**

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2017-2018	FY: 2018-2019	FY:2019-2020	FY:2019-2020	FY:2020-2021	FY:2021-2022
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION			\$ 500,000.00	\$ 2,494,000.00		
EQUIPMENT						
<b>TOTAL:</b>			<b>\$ 500,000.00</b>	<b>\$ 2,494,000.00</b>		
JUSTIFICATION/COMMENTS: FY 2018-2019 Habitat for Humanity Hawaii Island requested funds from the State of Hawaii GIA program: Awarded \$265,000 but currently <i>not received</i> . Funds were received and expended for FY 2017-2018 for state GIA in the amount of \$100,000.						

**GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

Applicant: **HABITAT FOR HUMANITY HAWAII ISLAND**

Contracts Total: \$ **1,497,000.00**

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY</b> (U.S. / State / Haw / Hon / Kau / Mau)	<b>CONTRACT VALUE</b>
1	Memorandum of Understanding	2013-Present	Department of Hawaii Homelands (DHHL)	U.S.-DHHL	\$ <b>1,497,000.00</b>
2					
3					
4					
5					
6					
7					
8					
9					
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30					

# Attachments

# Balance Sheet

Habitat for Humanity Hawaii Island, Inc.

**Balance Sheet**

As of December 31, 2018

Dec 31, 18

**PRELIMINARY**

**ASSETS**

**Current Assets**

**Checking/Savings**

**1000 · Cash & Equivalents**

**1100 · Banking**

**1110 · Unrestricted Banking**

1110.1 · FHB Operating\*\*5201 12,166.36

1110.2 · FHB-Vendor Checks\*\*5228 1,836.03

**Total 1110 · Unrestricted Banking 14,002.39**

**1120 · Restricted Banking**

**1120.2 · FHB Escrow\*\*6730**

1120.2P · FHB Escrow Checking x6730 3,773.68

1120.2 · FHB Escrow\*\*6730 - Other 13,114.12

**Total 1120.2 · FHB Escrow\*\*6730 16,887.80**

1120.3 · FHB Restricted\*\*6749 57,222.55

**Total 1120 · Restricted Banking 74,110.35**

**1130 · Restore**

1130.2 · Cash on Hand-Register 250.00

1130.3 · Cash on Hand Register 2 Kona 250.00

1130.4 · Cash on Hand Register Waimea 250.00

1130.9 · Change-for Drawer ReStore 90.00

1134 · Kona ReStore Checking HICFCU 21,162.90

1135 · Hilo ReStore Checking FHB\*2113 45,775.10

1136 · Waimea ReStore Checking BOH\*054 12,218.87

**Total 1130 · Restore 79,996.87**

1140 · Petty Cash-Office 301.50

1145 · Petty Cash Waimea ReStore 2 252.94

1146 · Petty Cash Hilo ReStore 3 984.44

**1155 · Lowe's Accounts**

1155.2 · Lowes 2015 LAR Account 26.48

1155.3 · Lowe's Women's Build 2015 2.50

1155.4 · 2016 Lowe's LAR Account \*2943 16.47

**Total 1155 · Lowe's Accounts 45.45**

**1170 · Home Depot Gift Cards**

1170.1 · Home Depot Gift Cards 1.01

**Total 1170 · Home Depot Gift Cards 1.01**

**Total 1100 · Banking 169,694.95**

**1160 · Costco Cash Cards**

1160.1 · Regular 940.00

1160.2 · Global Village 978.51

**Total 1160 · Costco Cash Cards 1,918.51**

**1000 · Cash & Equivalents - Other 0.00**

**Total 1000 · Cash & Equivalents 171,613.46**

1025 · US Bank \*3138 17,305.16

1050P · POB Const\*0843 BOH 3,735.74

Habitat for Humanity Hawaii Island, Inc.

Balance Sheet

As of December 31, 2018

Dec 31, 18

**PRELIMINARY**

Total Checking/Savings	192,654.36
Accounts Receivable	
1200 · Receivables	
1210 · Grants Receivable	
1210.4 · County of Hawaii Receivable	0.00
1210.9 · State of Hawaii DHHL Receivable	0.00
Total 1210 · Grants Receivable	0.00
1230 · NRI Receivables (Homeowners)	
1230.1 · Critical Home Repair	19,703.11
1230.4 · New Construction (NRI) Rec.	0.00
Total 1230 · NRI Receivables (Homeowners)	19,703.11
1200 · Receivables - Other	2,400.00
Total 1200 · Receivables	22,103.11
Total Accounts Receivable	22,103.11
Other Current Assets	
12000 · Undeposited Funds	7,590.75
1240 · Other Receivables	
1240.1 · Employee Receivable-	2,406.33
1240.2 · Homeowner Receivable	5,847.27
1240.3 · Housing Preservation Grant (HPG)	43,340.78
1240.9 · Other Receivable	11,834.96
Total 1240 · Other Receivables	63,429.34
1290 · Due To/From Affiliate	676,401.08
1290P · Due To/From Affiliate-POB/NMTC	-676,401.08
1300 · Current Assets	
1310 · Prepaid Expenses	
1310.1 · Prepaid Expenses-GL/Bus. Ins.	10,039.69
1310.2 · Prepaid Expense-WC Ins	5,321.72
1310.3 · Prepaid Expenses-Auto Insurance	2,791.06
Total 1310 · Prepaid Expenses	18,152.47
1320 · Security/Refundable Deposits	12,280.62
1330 · Inventory Assets	
1330.1 · Restore Inventory	75,000.00
1330.2 · Land & Lots	89,052.90
1330.3 · Restricted Land & Lots	46,610.85
1330.3P · Restricted Land & Lots POB	120,500.00
Total 1330 · Inventory Assets	331,163.75
1340 · Work in Progress (WIP)	780,866.16
1300 · Current Assets - Other	123,918.03
Total 1300 · Current Assets	1,266,381.03
1300P · POB Work in Process	179,529.52
1304 · Repayment	
1305 · Employee Loan Repayment	500.00
1306 · Loan Repayment Ded	-874.99
Total 1304 · Repayment	-374.99

**Balance Sheet**

As of December 31, 2018

Dec 31, 18

**PRELIMINARY**

Total Other Current Assets	1,516,555.65
Total Current Assets	1,731,313.12
Fixed Assets	
1400 • Fixed Assets	
1430 • Computers/Software/Electronics	5,709.27
1440 • Tenant Improvements-New Space	322,769.23
1441 • Tenant Improvements-ReStore Wai	42,766.56
1442 • Tenant Improvements-ReStore Hill	8,941.07
1450 • Tools & Equipment	0.00
1450.1 • Construction Equipment & Tools	12,376.95
1450.2 • ReStore Equipment & Tools	9,320.00
1450.3 • ReStore Forklifts	15,000.00
Total 1450 • Tools & Equipment	36,696.95
1460 • Vehicles	
1460.10 • 2013 Chevy Silverado (499HDX)	19,200.00
1460.12 • 2006 Dodge Ram (347HDK)	20,000.00
1460.13 • 2011 Ford 15 Pass Van (HMG 269)	22,000.00
1460.14 • 1999 Ford "Old Box Van" (599TPE)	10,000.00
1460.16 • 2015 Isuzu Box Truck (451HEB)	46,719.40
1460.17 • 2001 Lexus MPVH RX 300	5,200.00
1460.2 • 2013 Isuzu Truck (Used)	41,256.53
1460.4 • 2002 Chevy Box Truck (309TPW)	6,918.70
1460.5 • 2014 Nissan Titan 4WD (ZHD171)	21,609.03
1460.8 • Trailer	9,451.58
1460.9 • 2010 Nissan Frontier (900HDR)	21,000.00
Total 1460 • Vehicles	223,355.24
1490 • Accumulated Depreciation	-225,367.67
Total 1400 • Fixed Assets	414,870.65
Total Fixed Assets	414,870.65
Other Assets	
1200P • Other Assets	
1250P • POB Affiliate Expense Reserve	30,284.00
1260P • Accumulated Affiliate Exp Rsvr	-14,060.28
Total 1200P • Other Assets	16,223.72
1500 • Mortgage Loan Receivable	
1510 • Mortgage Loan Receivables-Notes	997,816.66
1510P • Mortgage Loan Receivables-POB	990,659.26
1520 • Unamortized Mortgage Discount	-451,061.81
1520P • Unamortized POB Mortgage Discou	-594,387.51
1500 • Mortgage Loan Receivable - Other	296.21
Total 1500 • Mortgage Loan Receivable	943,322.81
1510.1 • Notes Receivable - Current Port	-123,918.03
1600 • Invest in HFHI NMTC Lev Lender	410,539.60
Total Other Assets	1,246,168.10
<b>TOTAL ASSETS</b>	<b>3,392,351.87</b>

Habitat for Humanity Hawaii Island, Inc.

**Balance Sheet**

As of December 31, 2018  
Dec 31, 18

**PRELIMINARY**

**LIABILITIES & EQUITY**

**Liabilities**

**Current Liabilities**

**Accounts Payable**

2000 · Accounts Payable 156,817.08

Total Accounts Payable 156,817.08

**Credit Cards**

**2300 · FHB Credit Card**

**2320 · FHB New Credit Card \*\***

2320.1 · Hurney, Patrick \*\*6555 6,311.45

Total 2320 · FHB New Credit Card \*\* 6,311.45

Total 2300 · FHB Credit Card 6,311.45

**2400 · Hawaii Fuel Network (HFN)**

2400.2 · HFN \*99150 (Mark) 163.90

2400.6 · HFN \*99154 (Pat) 39.77

Total 2400 · Hawaii Fuel Network (HFN) 203.67

6410 · Salaries & Wages 12,908.88

7000 · Suspense -6,500.00

Total Credit Cards 12,924.00

**Other Current Liabilities**

Hawaii GE Tax Payable 90.60

**2000P · POB CURRENT LIABILITIES**

2010P · Accrued Interest Payable 686.55

Total 2000P · POB CURRENT LIABILITIES 686.55

2030 · HI GE Tax Payable 10,412.34

**2100\*OE · Current Liabilities**

2102 · Employee Payable 17,753.94

**2110 · Payroll Liabilities{594}**

2110.1 · Federal Withholding 3,393.46

2110.2 · Medicare 17.40

2110.3 · Social Security 74.40

2110.5 · State Withholding -5,743.58

2110.8 · Vanguard Payable 1,892.78

2110 · Payroll Liabilities{594} - Other 0.00

Total 2110 · Payroll Liabilities{594} -365.54

**2130 · Homeowner Liability**

2130.1 · Escrow Deposits 12,092.14

2130.1P · Escrow Deposits POB -64.81

Total 2130 · Homeowner Liability 12,027.33

2140 · Hale Ohana Aloha Program 1,801.81

2160 · Aunty Gwen Lunch Fund 50.00

2180 · Notes Payable - Current Portion 120,927.78

Total 2100\*OE · Current Liabilities 152,195.32

2170 · Security Deposit Liability 3,550.00

24000 · \*Payroll Liabilities 1,378.00



**Balance Sheet**

As of December 31, 2018

Dec 31, 18

**PRELIMINARY**

Total Other Current Liabilities	<u>168,312.81</u>
Total Current Liabilities	338,053.89
Long Term Liabilities	
2100P · POB LONG TERM LIABILITES	
2110P · QLICI Due to HFHI NMTC	603,209.00
2120P · HFHI Structuring Fee less Accum	-20,032.01
2125P · NMTC Closing Costs less Accum	<u>-17,454.18</u>
Total 2100P · POB LONG TERM LIABILITES	565,722.81
2200 · Long Term Liabilities	
2150 · First Hawaiian Bank	154,551.66
2220 · Grant in Aid Loans Payable	334,000.00
2230 · OHA Funding Payable	325,000.00
2250 · RCAC Loan	53,017.90
2260 · Truck Loan *9001 Bank of Hawaii	13,880.26
2200 · Long Term Liabilities - Other	<u>-120,927.78</u>
Total 2200 · Long Term Liabilities	759,522.04
2290 · Discount on Notes Payable	-316,450.00
2500 · Deferred Revenue DHHL	252,000.00
8400 · Deferred Revenue	<u>7,486.86</u>
Total Long Term Liabilities	<u>1,268,281.71</u>
Total Liabilities	1,606,335.60
Equity	
30000 · Opening Balance Equity	1,611,801.14
3100 · Net Assets	-289,524.76
3200 · Retained Earnings	803,750.15
3210P · POB Retained Earnings	-88,561.62
Net Income	<u>-251,448.64</u>
Total Equity	<u>1,786,016.27</u>
TOTAL LIABILITIES & EQUITY	<u><u>3,392,351.87</u></u>

Note: Balance Sheet is being issued as "Preliminary" status, as not all month end closing journal entries have been finalized, and not all account analyses that may result in adjusting journal entries have been performed through December 2018

**IRS Approval of Extension  
Form 990**



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2018
Notice date	December 10, 2018
Employer ID number	99-0355149
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

162590.769162.516205.17026 1 AB 0.408 373



HABITAT FOR HUMANITY INTERNATIONAL  
HABITAT FOR HUMANITY HAWAII ISLAND  
PO BOX 4619  
KAILUA KONA HI 96745-4619

Page 1 of 1



162590

Important information about your June 30, 2018 Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your  
June 30, 2018 Form 990.

Your new due date is May 15, 2019.

### What you need to do

File your June 30, 2018 Form 990 by May 15, 2019. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a)
- For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

EXTENDED TO MAY 15, 2018

Form **990**

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**HABITAT FOR HUMANITY HAWAII ISLAND, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 4619**  
 City or town, state or province, country, and ZIP or foreign postal code  
**KAILUA-KONA, HI 96745**

**D** Employer identification number  
**99-0355149**

**E** Telephone number  
**(808) 331-8010**

**G** Gross receipts \$ **1,812,620.**

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

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (Insert no.)  4947(a)(1) or  527

**J** Website: **WWW.HABITATHAWAIIISLAND.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2001** **M** State of legal domicile: **HI**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>HABITAT FOR HUMANITY HAWAII ISLAND WORKS IN PARTNERSHIP WITH PEOPLE IN NEED TO BUILD AND</b>		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	37
	6	Total number of volunteers (estimate if necessary)	1047
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 921,058. Current Year: 935,707.
	9	Program service revenue (Part VIII, line 2g)	182,134. 37,404.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,203. 4,197.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	744,527. 784,661.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,851,922. 1,761,969.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	757,096. 880,054.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	394,861.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	795,029. 708,565.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,552,125. 1,588,619.
19	Revenue less expenses. Subtract line 18 from line 12	299,797. 173,350.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 3,384,856. End of Year: 3,080,210.
	21	Total liabilities (Part X, line 26)	1,349,306. 1,532,494.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,035,550. 1,547,716.

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *[Signature]* Date: **1/3/18**  
 STEVE MACHESKY, PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/type preparer's name: **ALEX J. SMITH** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Firm's name: **ALEX J. SMITH, CPA** Firm's EIN: **46-5002021**  
 Firm's address: **1403 FRANK STREET HONOLULU, HI 96816** Phone no.: **808-737-7761**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO EMPOWER FAMILIES, BUILD COMMUNITY AND HOPE THROUGH HOME OWNERSHIP FOR LOW INCOME PARTNER FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code: ) (Expenses \$ 108,794. Including grants of \$ ) (Revenue \$ ) CONSTRUCTION CONTINUED ON HOMES - COMPLETED 7 HOMES AND 2 CRITICAL HOME REPAIRS DURING FY 17, BRINGING THE TOTAL OF NEW HOMES COMPLETED SINCE 2002 TO 36, AND OVER 60 INDIVIDUALS SERVED WITH CRITICAL HOME REPAIRS TO ADDRESS ISSUES OF HEALTH AND SAFETY.

4b (Code: ) (Expenses \$ 109,660. Including grants of \$ ) (Revenue \$ -554.) SELECTION, SERVICE, SUPPORT, AND EDUCATION OF CURRENT, NEW AND POTENTIAL HOMEOWNERS.

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

4d Other program services (Describe in Schedule O.) (Expenses \$ Including grants of \$ ) (Revenue \$ )

4e Total program service expenses 218,454.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> .....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i> .....		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for line numbers (1a-14b), Yes/No checkboxes, and numerical entries (e.g., 33, 0, 37).



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	10													
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		10												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X								
6 Did the organization have members or stockholders?							X							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								X						
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X					
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?						X								
b Each committee with authority to act on behalf of the governing body?						X								
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												X		

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **HI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JENNIFER STANGLAND - (808) 331-8010**  
**73-4161 ULU WINI PLACE, BAY 1, KAILUA-KONA, HI 96740**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE MACHESKY PRESIDENT	1.00	X		X				0.	0.	0.
(2) DR. ANN MARIE MURAMOTO VICE-PRESIDENT	0.30	X		X				0.	0.	0.
(3) TONY CANN SECRETARY	0.30	X		X				0.	0.	0.
(4) MIKE MEDINA TREASURER	0.30	X		X				0.	0.	0.
(5) LEIOLA AUGUSTINE DIRECTOR	0.30	X						0.	0.	0.
(6) CRAIG "BO" KAHUI DIRECTOR	0.30	X						0.	0.	0.
(7) RON LLOYD DIRECTOR	0.30	X						0.	0.	0.
(8) DEACON MICHAEL ROSS DIRECTOR	0.30	X						0.	0.	0.
(9) FR. RICHARD TARDIFF DIRECTOR	0.30	X						0.	0.	0.
(10) ALAN TUHY, ESQ. DIRECTOR	0.30	X						0.	0.	0.
(11) PATRICK HURNEY EXECUTIVE DIRECTOR	40.00			X				77,540.	0.	2,326.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							<b>77,540.</b>	<b>0.</b>	<b>2,326.</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	<b>0.</b>	<b>0.</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>77,540.</b>	<b>0.</b>	<b>2,326.</b>	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events	109,844.					
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above	825,863.					
	g	Noncash contributions included in lines 1a-1f; \$	41,700.					
	h	<b>Total. Add lines 1a-1f</b>		935,707.				
Program Service Revenue	2 a	AMORT. OF NOTE DISC.	Business Code 522292	37,404.		37,404.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total. Add lines 2a-2f</b>		37,404.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,197.		4,197.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	13,784.				
			(ii) Personal	0.				
			b	Less: rental expenses	0.			
			c	Rental income or (loss)	13,784.			
	d	Net rental income or (loss)		13,784.		13,784.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 109,844. of contributions reported on line 1c). See Part IV, line 18	a	23,059.				
			b	Less: direct expenses	28,248.			
c			Net income or (loss) from fundraising events		-5,189.		-5,189.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	799,023.					
		b	Less: cost of goods sold	22,403.				
		c	Net income or (loss) from sales of inventory		776,620.		776,620.	
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099	-554.	-554.				
b								
c								
d	All other revenue							
e	<b>Total. Add lines 11a-11d</b>		-554.					
12	<b>Total revenue. See instructions.</b>		1,761,969.	-554.	0.	826,816.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	80,340.	36,153.	20,085.	24,102.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	620,604.	-1,094.	569,045.	52,653.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	3,722.	-813.	5,162.	-627.
9 Other employee benefits .....	115,249.	10,199.	95,667.	9,383.
10 Payroll taxes .....	60,139.	2,544.	51,888.	5,707.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	17,621.	2,496.	12,629.	2,496.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	10,040.	4,526.	2,104.	3,410.
12 Advertising and promotion .....	16,103.	532.	769.	14,802.
13 Office expenses .....	75,712.	5,824.	41,081.	28,807.
14 Information technology .....	10,613.	1,526.	6,155.	2,932.
15 Royalties .....				
16 Occupancy .....	173,449.	11,553.	8,178.	153,718.
17 Travel .....	47,292.	7,305.	25,523.	14,464.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	3,981.	454.	3,128.	399.
20 Interest .....	41,391.	41,391.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	63,541.	11,438.	1,906.	50,197.
23 Insurance .....	60,456.	1,176.	59,280.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONSTRUCTION/RENOVATION</b> .....	61,348.	61,318.		30.
b <b>AMERICORP/OTHER PROGRAM</b> .....	37,217.	10,461.	18,540.	8,216.
c <b>VEHICLE EXPENSE</b> .....	36,525.	9,799.	13,174.	13,552.
d <b>DUES AND SUBSCRIPTIONS</b> .....	25,762.	2,126.	13,763.	9,873.
e All other expenses .....	27,514.	-460.	27,227.	747.
25 <b>Total functional expenses. Add lines 1 through 24e</b>	<b>1,588,619.</b>	<b>218,454.</b>	<b>975,304.</b>	<b>394,861.</b>
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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	76,239.	1	39,405.
	2	Savings and temporary cash investments .....	24,706.	2	
	3	Pledges and grants receivable, net .....	68,431.	3	20,625.
	4	Accounts receivable, net .....	10,884.	4	9,205.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....	580,356.	7	533,167.
	8	Inventories for sale or use .....		8	63,700.
	9	Prepaid expenses and deferred charges .....	70,025.	9	1,985.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 556,836.		
	b	Less: accumulated depreciation .....	10b 159,948.		
			435,504.	10c	396,888.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	2,118,711.	15	2,015,235.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,384,856.	16	3,080,210.	
Liabilities	17	Accounts payable and accrued expenses .....	179,788.	17	367,151.
	18	Grants payable .....		18	
	19	Deferred revenue .....	23,795.	19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....	11,241.	21	4,348.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	1,133,795.	23	557,099.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	687.	25	603,896.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	1,349,306.	26	1,532,494.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	1,658,053.	27	1,137,219.
	28	Temporarily restricted net assets .....	377,497.	28	410,497.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	2,035,550.	33	1,547,716.	
34	<b>Total liabilities and net assets/fund balances</b> .....	3,384,856.	34	3,080,210.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,761,969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,588,619.
3	Revenue less expenses. Subtract line 2 from line 1	3	173,350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,035,550.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-661,184.
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	1,547,716.

**Part XII Financial Statements and Reporting**

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

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





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	484,581.	644,022.	681,492.	921,058.	935,707.	3,666,860.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	484,581.	644,022.	681,492.	921,058.	935,707.	3,666,860.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 Public support. Subtract line 5 from line 4.						3,666,860.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	484,581.	644,022.	681,492.	921,058.	935,707.	3,666,860.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,845.	955.	62.	4,203.	4,197.	11,262.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	211,955.	468,743.	449,575.	741,354.	785,215.	2,656,842.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,520.	1,253.	13,829.	3,173.	-554.	21,221.
11 Total support. Add lines 7 through 10						6,356,185.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,002,047.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	57.69 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	60.17 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

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

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

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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



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

OMB No. 1545-0047

**2016**

Name of the organization

HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number

99-0355149

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

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

**General Rule**

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

**Special Rules**

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.

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)



Name of organization <b>HABITAT FOR HUMANITY HAWAII ISLAND, INC.</b>	Employer identification number <b>99-0355149</b>
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF HAWAII  25 AUPUNI STREET, SUITE 2103  HILO, HI 96720	\$ 356,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPARTMENT OF HAWAIIAN HOMELANDS  P.O. BOX 1879  HONOLULU, HI 96805	\$ 234,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HAWAII COMMUNITY FOUNDATION  827 FORT STREET MALL  HONOLULU, HI 96813	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE CLARENCE T.C. CHING FOUNDATION  1001 BISHOP STREET, SUITE 770  HONOLULU, HI 96813	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COOKE FOUNDATION, LIMITED  827 FORT STREET MALL  HONOLULU, HI 96813-4317	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HABITAT FOR HUMANITY HAWAII ISLAND, INC.</b>	Employer identification number <b>99-0355149</b>
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**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>HABITAT FOR HUMANITY HAWAII ISLAND, INC.</b>	Employer identification number <b>99-0355149</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

**HABITAT FOR HUMANITY HAWAII ISLAND, INC.**

Employer identification number  
**99-0355149**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		357,684.	68,008.	289,676.
d Equipment		28,206.	13,994.	14,212.
e Other		170,946.	77,946.	93,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>396,888.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</b>		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) HOMES/RENOVATIONS UNDER CONSTRUCTION	1,125,329.
(2) INVESTMENT IN JOING VENTURE	411,647.
(3) DONATED LAND AND COSTS	410,497.
(4) DEBT ISSUANCE COSTS	59,438.
(5) RENTAL SECURITY DEPOSIT	8,324.
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b>	<b>2,015,235.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NMTC LOAN PAYABLE	
(3)	603,896.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>603,896.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,810,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	50,651.	
e	Add lines 2a through 2d	2e		50,651.
3	Subtract line 2e from line 1	3		1,759,769.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,759,769.

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

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

1	Total expenses and losses per audited financial statements		1	1,639,270.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	50,651.	
e	Add lines 2a through 2d	2e		50,651.
3	Subtract line 2e from line 1	3		1,588,619.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,588,619.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

**PART IV, LINE 2B - HOMEOWNER'S INSURANCE AND PROPERTY TAX, IF APPLICABLE, ARE PAID BY THE HOMEOWNER TO WEST HAWAII HABITAT, PRO-RATA ON A MONTHLY BASIS, WITH THE PROMISSORY NOTE PAYMENTS. IN ORDER TO PROTECT THE HOME, WEST HAWAII HABITAT THEN PAYS ON THE HOMEOWNERS' BEHALF WHEN THE APPLICABLE BILL BECOMES DUE. DEPOSITS FOR HOMES IN PROGRESS ARE ALSO HELD IN ESCROW UNTIL APPLIED TO HOMEOWNER'S NOTE RECEIVABLE.**





**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 (add col. (a) through col. (c))	
		GLOBAL VILLAGE (event type)	GOLF (event type)	1 (total number)		
Revenue	1	Gross receipts	107,790.	16,193.	5,432.	129,415.
	2	Less: Contributions	107,790.	2,054.		109,844.
	3	Gross income (line 1 minus line 2)		14,139.	5,432.	19,571.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	8,017.			8,017.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	777.	8,742.	3,631.	13,150.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				21,167.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-1,596.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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:

a The organization's facility 

13a	%
-----	---

b An outside facility 

13b	%
-----	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name  \_\_\_\_\_

Address  \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information:

Name  \_\_\_\_\_

Gaming manager compensation  \$ \_\_\_\_\_

Description of services provided  \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **HABITAT FOR HUMANITY HAWAII ISLAND, INC.** Employer identification number **99-0355149**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other...				
15 Real estate - Residential .....	X	5	33,000	ESTIMATED FMV
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

HABITAT FOR HUMANITY HAWAII ISLAND, INC.

Employer identification number

99-0355149

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

RENOVATE DECENT, AFFORDABLE HOUSING. THE HOUSES THEN ARE SOLD TO THOSE  
IN NEED AT NO PROFIT AND WITH NO INTEREST CHARGED.

FORM 990, PART VI, SECTION A, LINE 1:

MEMBERS OF THE EXECUTIVE COMMITTEE: STEVE MACHESKY - PRESIDENT, DR, ANN  
MARIE MURAMOTO - VICE-PRESIDENT, TONY CANN - SECRETARY, AND MIKE MEDINA -  
TREASURER.

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

THE EXECUTIVE DIRECTOR AND BOARD REVIEWS AN ELECTRONIC COPY OF THE 990  
PRIOR TO BEING SIGNED BY AN OFFICER AND SUBMITTED TO THE IRS.

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

EACH BOARD MEMBER WILL SIGN THEIR AGREEMENT WITH THE POLICY AT THE ANNUAL  
MEETING. THE EXECUTIVE COMMITTEE MONITORS AND ENFORCES COMPLIANCE.

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

THE PRESIDENT OF THE BOARD OVERSEES THE EVALUATION OF THE EXECUTIVE  
DIRECTOR ON AN ANNUAL BASIS. COMPENSATION IS BASED ON PERFORMANCE,  
ACHIEVEMENTS AND BUDGET. HABITAT FOR HUMANITY INTERNATIONAL IS ALSO  
CONSULTED FOR COMPARISON COMPENSATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE  
AVAILABLE ON A CASE BY CASE BASIS UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2016)

**HFHHI Board of Directors  
Official Roster**



# Habitat for Humanity®

## Hawai'i Island

### Board of Directors Official Roster 2019

Address: 73-4161 Ulu Wini Place, Bay #1, Kailua-Kona, HI 96740  
 Mailing Address: P.O. Box 4619 Kailua-Kona, HI 96745  
 Phone: 808-331-8010 Fax: 808-331-8020  
 Websites: [www.habitathawaiiisland.org](http://www.habitathawaiiisland.org) or [www.my.habitat.org](http://www.my.habitat.org) (Affiliate # 4786-2080)  
 Email: [info@habitathawaiiisland.org](mailto:info@habitathawaiiisland.org)

Name	Tenure	Affiliation	Address	Email	Phone
<b>President</b> Deacon Michael Ross	Class of 2017	Deacon St. Michael's Church	75-4410 Nehiwa Street Kailua-Kona, HI 96740	<a href="mailto:mross@pcj.edu">mross@pcj.edu</a>	H 498-4493
<b>Vice President</b> Dr. Ann Marie Muramoto	Class of 2016	Owner: Kona Ohana Dental	73-1404 KaKau Place Kailua-Kona, HI 96740	<a href="mailto:muramotoam@gmail.com">muramotoam@gmail.com</a>	C 896-0274 H 325-0205
<b>Treasurer</b> Hobbs Lowson	Class of 2018	Bank of Hawaii Senior Vice President	75-687 Paai Place Kailua-Kona, HI 96740	<a href="mailto:Hobbs.Lowson@boh.com">Hobbs.Lowson@boh.com</a>	C 808-315-0024 Tel/FAX 808-854-2164
<b>Secretary</b> Tony Cann	Class of 2015	VP of HPM	68-3515 Malina Street Waikoloa, HI 96738.	<a href="mailto:anthony.cann@hpmhawaii.com">anthony.cann@hpmhawaii.com</a>	C 960-4424 W 334-4216
Craig "Bo" Kahui	Class of 2012	Executive Director: La'i Opuia 2020	74-5146 Haleolono Place Kailua-Kona, HI 96740	<a href="mailto:bokahui@yahoo.com">bokahui@yahoo.com</a> <a href="mailto:bokahui@laiopua.org">bokahui@laiopua.org</a>	W 896-2252
Steve Machesky	Class of 2013	Owner: Kokua Contracting and Project Management (KCPM)	77-6447 Kuakini Hwy Kailua-Kona, HI 96740	<a href="mailto:smachesky@kcpm.net">smachesky@kcpm.net</a>	C 960-0675 W 326-6043
Ron Lloyd	Class of 2014	Owner: Kokua Roofing	73-4353 Amaama Street Kailua-Kona, HI 96740	<a href="mailto:ronlloyd@xmission.com">ronlloyd@xmission.com</a>	C 217-5996
Fr. Richard Tardiff	Class of 2016	Pastor: Christ Church Episcopal	81- 6627 Kekaa Place Kealahou, HI 96750	<a href="mailto:fathertardiff@me.com">fathertardiff@me.com</a>	H 323-8204
Leiola Augustine	Class of 2017	Realtor, Hawaii Life Real Estate Brokers	75-370 Aloha Kona Drive Kailua-Kona, HI 96740	<a href="mailto:leiolaugustine@hawaiilife.com">leiolaugustine@hawaiilife.com</a>	W 895-5570
Adrienne Eisel	Class of 2017	Hilo Representative	P.O. Box 6880 Hilo, HI 96720	<a href="mailto:ateisele@hawaiiantel.net">ateisele@hawaiiantel.net</a>	C 808-937-1576
Julie Ziemelis	Class of 2018	Owner, Ziemelis Communication	75-6002 Alii Drive #3101 Kailua-Kona, HI 96740	<a href="mailto:juliezpr@gmail.com">juliezpr@gmail.com</a>	808-785-2898
Edwina Fujimoto	Class of 2018	Habitat Community Representative Homeowner	74 5131 Aheahea Way Kailua-Kona, Hawaii 96740	<a href="mailto:winz4jesus@gmail.com">winz4jesus@gmail.com</a>	808-895-7105
Napua Kekauoha-Chartrand	Class of 2018	Habitat Community Representative Homeowner	74-5133 Aheahea way Kailua-Kona, Hawaii 96740	<a href="mailto:napuakekauoha@gmail.com">napuakekauoha@gmail.com</a>	808-896-1675
Melanie Lucas	Class of 2018	Habitat Community Representative Homeowner	73-1176 Ka'imani Dr Kailua Kona, HI 96740	<a href="mailto:mlucas@konabeachhotel.com">mlucas@konabeachhotel.com</a> <a href="mailto:borlem@hotmail.com">borlem@hotmail.com</a>	808-345-6657 H 345-6658 W 329-2911
Gail Noeau	Class of 2018	Habitat Community Representative Homeowner	61-4047 Honouli Street Kawaiheae, HI 96743	<a href="mailto:agnoeau@gmail.com">agnoeau@gmail.com</a>	808-315-3473

Revised: 1/24/2019

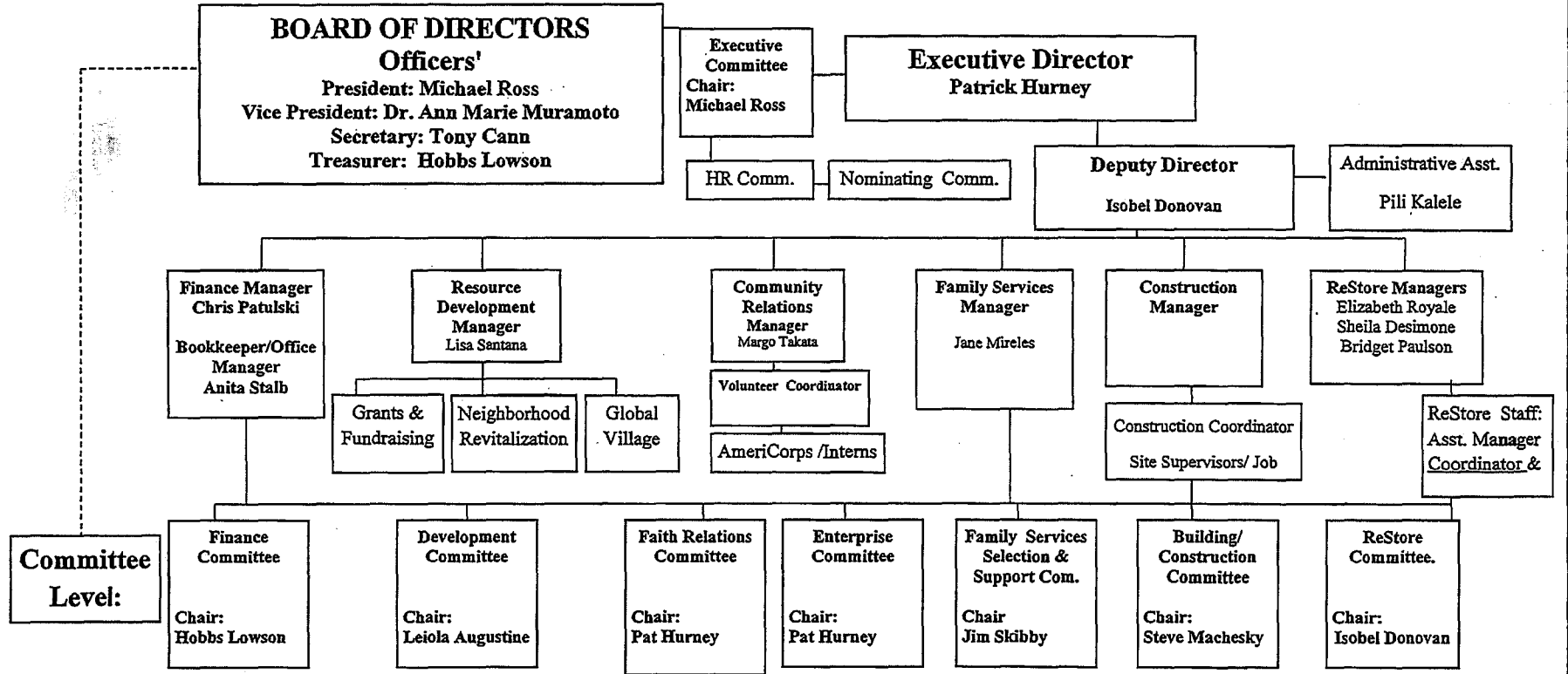
All information contained in this document is considered confidential and is to be used only for official business purposes only.



# HFHHI Organizational Chart



# Habitat for Humanity West Hawaii Organizational Chart



# Resume Executive Director

# Patrick F. Hurney

P.O. Box 437251 Kamuela, Hawaii 96743 Cell: 937-7443 E-mail: phurney@hawaiiantel.net

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## Objective

To promote and lead a non-profit organization by providing the highest quality of standards while delivering its mission and to be an "employer of choice" for nonprofits, by using my diverse background of academia, counseling and resource management skills.

## Work experience

December 2009 – present	Executive Director Habitat for Humanity Hawaii Island	Kailua-Kona, Hawaii
September 2006- Nov. 2009	Program Director Kawaihae Transitional Housing Program	Kailua-Kona, Hawaii
February 2005 – August 2006	Program Manager Neighborhood Place of Kona	Kailua-Kona, Hawaii
September 2003-January 2005	Clinical Supervisor Personal Parenting & Assessment Services	Kailua-Kona, Hawaii
August 2002 – August 2003	Substance Abuse Counselor Big Island Substance Abuse Council	Kamuela, Hawaii
July 1999 – August 2002	Director of Religious Education St. Joseph Parish	Hilo, Hawaii
August 1997- August 1999	Teacher/Campus Minister & Parish Youth Director St. Joseph High School	Hilo, Hawaii
August 1993 – August 1997	Teacher/Junior Varsity Basketball Coach/ Golf Club Advisor St. Anthony High School	Wailuku, Maui, HI

## Education

Masters of Counseling, Marriage and Family Therapy  
University of Phoenix, Hawaii Campus, October 2002. Honolulu, Hawaii

Bachelor of Science, Social Science, Secondary Education  
St. Cloud State University, February 1992, St. Cloud, Minnesota

## Professional Memberships

Chairperson of Community Alliance Partners  
Founder of Kona's Executive Directors Hui

## Community Activities

Coach and Church Volunteer

# Job Descriptions



# Habitat for Humanity®

Hawai'i Island

## JOB DESCRIPTION

<b>Job Title:</b>	Executive Director	<b>Job Classification:</b>	Full Time-Exempt
<b>Reports to:</b>	President-Habitat Board	<b>Department:</b>	All
<b>Affiliate:</b>	Habitat Hawaii Island	<b>Location:</b>	Kona Office

### ***Job Overview:***

Under the guidance of the Board President, the Executive Director of the Habitat for Humanity West Hawaii, Inc. is responsible for administering the total operation of the affiliate. The Executive Director provides the overall management and leadership to the affiliate in accordance with the directives, policies, and objectives set by the Board of Directors. The Executive Director accepts the covenant of Habitat for Humanity International (HFHI) and is the leading advocate in the community of HFHWH in regard to fulfilling its' mission and vision statements.

The Executive Director is responsible for the overall success of the affiliate. This position is primarily concerned with ensuring that the affiliate is meeting the short term and long term goals of the strategic plan therein meeting its mission. Therefore, successful fulfillment of this position should be measured by:

1. Continued growth of the budget, allowing for additional builds.
2. Increased utilization of volunteers.
3. The effectiveness of the affiliate Board of Directors and Board committees.
4. Achievement of affiliate operating objectives.

### ***Job Duties:***

The Executive Director will be responsible for:

### ***Specific Leadership Responsibilities:***

#### ***Administration:***

- Holding the chief administrative responsibility for public accountability of the affiliate.
- Working through the Deputy Director to oversee the affiliate's strategic plans, new initiatives, and establishes policy and objectives of the organization in accordance with Board directives and organizational mission.
- Oversight of the Deputy Director to administer and manage the daily operations of the affiliate and responsible for all functions of affiliate, including but not limited to construction, the ReStores, volunteer management, family services, mortgage servicing, site selection, faith relations, marketing and administration
- Oversight of the affiliate financials and expenditures within Board approved guidelines
- Oversight of all required official records and documents are properly maintained to ensure confidentiality and compliance with federal, state, and local regulations and HFHI guidelines.
- Maintain a working knowledge of significant developments and trends within the affordable

housing/homelessness realm and the broader Habitat for Humanity community

***Board Development:***

- Keeping the board fully knowledgeable on the condition of the affiliate and all important factors influencing it.
- Recommending all appropriate Board action and implements Board policies needed to insure that affiliate operates as a progressive Christian non-profit organization.
- Providing organizational development opportunities for board, including annual planning meetings, retreats, and recognition events.
- Recruiting and maintaining board member for the optimum number of directors for the success of the affiliate.

***Fundraising:***

- Oversight of the Deputy Director with Resource Development Committee in developing and implementing its fundraising plan and budget.
- Oversight of the Deputy Director with ReStore Operations in developing and implementing its marketing plan and budget.

***Public Relations & Communication:***

- Assisting the Deputy Director work with Public Relations Committee in developing and implementing a public awareness strategy
- Establishing and maintaining effective working relationships for advocacy with all governmental agencies and legislatures necessary for affiliate success.
- Representing Habitat for Humanity to interested communities, churches, businesses, groups, foundations, and community leaders.
- Serving as the primary communication link among the HFHI office, SSO office, and board members
- Providing organizational development opportunities for staff, and community volunteers, including annual planning meetings, retreats, and recognition events
- Oversight of orientation to board, staff, and community volunteers Insures positive communications and relations with constituents and staff.
- Insures positive communications and relations with constituents and staff.

***Education & Experience:***

- Master's degree in related field.
- Minimum of ten years with Habitat for Humanity or nonprofit management experience or equivalent in a related field.
- Background must include strong skills in human relations, budgeting, sound fiscal management, financial development, board, staff, and donor development, committee and board relations and personnel supervision.



# Habitat for Humanity®

Hawai'i Island

## JOB DESCRIPTION

<b>Job Title:</b>	<b>Deputy Director</b>	<b>Job Classification:</b>	<b>Full Time Exempt-Salary</b>
<b>Reports To:</b>	<b>Executive Director</b>	<b>Program:</b>	<b>All</b>
<b>Affiliate:</b>	<b>Habitat Hawaii Island</b>	<b>Location:</b>	<b>Kona Office</b>

### ***Job Overview:***

Under the direction of the Executive Director, the Deputy Director will provide key leadership at Habitat for Humanity Hawaii Island to ensure excellent operations in all program areas—Construction Operations, ReStore Operations, Financial Services, Family Services, Resource Development and Volunteer Management/Community Relations. The Director will work with all program departments to maximize their effectiveness, providing a key leadership role to enable the organization to serve more families in a timely way. The Director will be a strong manager and creative problem solver who is committed to and enthusiastic about the mission of HFH Hawaii County.

### ***Specific Program Leadership Responsibilities:***

- **Construction Operations.** Work with the construction manager and construction team to deliver quality housing products in a timely manner while maximizing the engagement of volunteers in the construction process. Manage construction schedules and costs within established budgets and deadlines.
- **ReStore Operations.** Provide leadership to ReStore Director and Management staff to achieve annual sales and profitability targets by encouraging efficiency of operations and new program development to support sales at aggressive targets in conjunction with the organization's strategic plan. Develop annual business plans to support the organization's strategic goals.
- **Financial Services:** Provide leadership to Finance manager and staff for maintaining sound financial practices. Work with the staff, the finance committee, and the board in preparing a budget; see that the organization operates within budget guidelines. Ensure that adequate funds are available to permit HFH Hawaii to fulfill its mission
- **Family Services:** Work with the Family Services Manager and the Family Services Committee to ensure adherence with HFHI's Family Selection and Support guidelines to recruit, process and select homeowner families, coordinate the sale of homes, and provide support for the programs designed to assist families after they have been selected.
- **Resource Development:** Work with the Director of Development to plan, budget, manage and implement annual fundraising activities that include donor cultivation and solicitation, matching gifts, monthly giving, and online giving. Ensure an annual development plan is created and evaluated.
- **Volunteer Management/Community Relations:** Oversee the Community Relations and Volunteer Services Dept. to creatively engage community volunteers throughout the organization. Work with the department to create training programs to upgrade skill levels of volunteers and retention strategies that encourage volunteers to return more frequently. Work to maximize the deployment of volunteers across programs for greatest efficiency and flexibility.





# Habitat for Humanity®

## Hawai'i Island

### ***Staff Management Responsibilities:***

- Provide strong leadership to staff in all operational departments. Direct responsibility for 9 staff Directors/Managers with total staff of 25 overseeing the various program functions.
- Responsible for recruitment and effective employment of HFH Hawaii staff and volunteers.
- Ensure that job descriptions are developed, that regular performance evaluations are performed and that sound human resource practices are in place.
- Encourage staff and volunteer development and education, and assist program staff in relating their specialized work to the total program of the organization.
- Maintain a climate which attracts, retains, and motivates a diverse staff of top quality people.

### ***Qualifications:***

- Bachelor's or Master's degree in related field
- Minimum 10 years of senior management experience. Experience with Habitat for Humanity in a management or Director level position preferred
- Strong communication (oral/written) and listening skills.
- Strategic vision with ability to manage tactically.
- Self-starter with ability to work both independently and with staff and volunteers.
- Working knowledge of technology with the ability to leverage it to improve operations and communication.
- Process mapping and change management experience highly desired.
- Strong leadership skills with ability to develop staff and volunteers through personal example as well as implementation of formal training programs and other processes.
- Commitment to the mission of Habitat for Humanity and the ability to fully support all aspects of the mission.

### ***Competencies:***

- Mission Oriented: Believes in Habitat's mission and values and consider them as a framework for all professional decisions.
- People Oriented: Provides motivating leadership to the directors and managers of program departments and to various board committees as staff leadership.
- Results Oriented: Ensures adherence to established timelines and budgets , always seeking operational improvement. Is committed to a positive experience for families who choose to participate in the building process.
- Personal Development Oriented: Committed to ongoing professional development for self and for staff.



# Habitat for Humanity®

Hawai'i Island

## JOB DESCRIPTION

<b>Job Title:</b>	Finance Manager	<b>Job Classification:</b>	Full Time-Exempt
<b>Reports to:</b>	Deputy Director	<b>Department:</b>	Finance
<b>Affiliate:</b>	Habitat Hawaii Island	<b>Location:</b>	Kona Office

### ***Job Overview:***

Under the direct supervision of the Deputy Director and general supervision of the Executive Director, the Finance Manager is responsible for the input/gathering of financial data, reporting and monitoring the financial position of Habitat for Humanity Hawaii Island. The Finance Manager is also responsible for forwarding regular reports to the Deputy Director, Executive Director, Finance Committee, as well as the Board of Directors in an accurate, complete, and timely manner. In addition, the Finance Manager oversees the administration of all accounts payable/receivable including payroll.

### ***Responsibilities:***

- Communicate effectively with people of all levels
- Oversee finance and mortgage receivables
- Ensure that HFHWH is a good steward of financials
- Be willing to learn and report on any program that would benefit the financial situation of HFHWH
- Develop and maintain relationships with volunteers, vendors, and professional service providers
- Utilize volunteers for administrative tasks, as appropriate
- Interface with all management staff to identify support needs of the organization

### ***Principal Accountabilities:***

#### ***Budgeting/Cost Accounting***

- Provide current and forecasted reports on the financial position of HFHWH.
- Create internal financial controls and best practices.
- Provide monthly financial recap for executive leadership team.
- Provide monthly and quarterly dashboard reports.
- Collaborate with all management staff regarding implementation of best practices; staying within established budgets and guidelines, and streamlining processes.
- Lead annual budget process.
- Direct the annual audit and 990 preparations.
- Perform/review daily, weekly, and monthly account reconciliations, as appropriate.
- Approve cash transfers between accounts.
- Prepare and administer 1099's.
- Process pay-roll and all tax reporting.
- Monitor the financials of ReStore operations
- Maintain and report on all POB account transactions.
- Oversee mortgage servicing, origination, and reconciliation including late payments.
- Record foreclosed, modified, or repurchased mortgages.
- In cooperation with The Family Services Coordinator, assure organization maintains current mortgage related practices with federal regulations.

January 24, 2019



# Habitat for Humanity®

## Hawai'i Island

- Maintain and nurture productive relationships with third-party mortgage related financial institutions.
- Record any sale of mortgage including any loan of mortgage.
- Manage cash flow and maintain accurate forecasts of organizations cash position.

### **Administration:**

- Coordinate and oversee human resources activities with Deputy Director
- Manage confidential data including; hiring, corrective actions, terminations, and pay increases.
- Review organizations employment compensation package to be competitive with local nonprofit market.
- Oversee coordination of staff benefits, including but not limited to, health, dental, vision, retirement, and workers comp.
- Ensure that reasonable internal controls are in place to safeguard corporate assets, financial, and employee data.
- Perform other duties as assigned

### **Reporting:**

- Provide required monthly, quarterly, and annual financial reports and remittances to financial institutions.
- Provide monthly, quarterly, and annual financial reports to the Deputy Director and Board of Directors.
- Coordinate with the board treasurer and report financial activities and needs to the finance committee.
- Create monthly and quarterly cash flow, variance, and dashboard reports for the executive leadership team.

### **Payroll and Human Resources:**

- Supervise bi-weekly payroll
- Ensure all necessary tax reporting has taken place.
- Collecting and data entering time accurately, completely and timely.
- Generating and controlling disbursements effectively and efficiently.
- Ensuring benefits and human resources record retention.
- Ensure all records are prepared and filed with Deputy Director.

### **Committee Involvement:**

- Recruit and manage volunteer participants for the Finance Committee
- Provide necessary reports to any committee seeking financial forecasting with approval of the Deputy Director.
- Lead by example and take hands on approach.
- Work with development committee to advise and produce fundraising opportunities.

### **Monitor Compliance:**

- Ensure all federal, state and/or local tax, withholding and other government reporting is completed/maintained as required for not-for-profit organizations.
- Ensure compliance with all grant standards including audit guidelines for each of these.
- Ensure compliance with all POB related activities.
- Ensure compliance with any future finance leveraged activities.

### **Staff Leadership:**

- Lead and motivate staff to meet their objectives via the cost-effective use of resources.
- Develop the volunteers to take on new and expanded responsibilities.

January 24, 2019



# Habitat for Humanity®

## Hawai'i Island

- Evaluate and recruit appropriate volunteer candidates for the finance and office roles.
- Ensure all associates receive adequate training to perform their duties.
- Provide on-going feedback and prepare annual performance evaluations.
- Participate in periodic strategic planning sessions and activities for the future of Habitat for Humanity West Hawaii.
- Attend key fundraising and networking events as invited as a member of the Habitat for Humanity West Hawaii Finance Committee.

### ***Internal Interactions:***

All Staff & Volunteers

### ***External Interactions:***

Board of Directors

Habitat Volunteers

Attorneys

Insurance Agents

Habitat Homeowners

Sub-contractors & Suppliers (e.g. accts payable inquiries)

### ***Knowledge/Education:***

- Thorough knowledge of generally accepted accounting principles
- Bachelor's Degree in Accounting, Business or a related field is required.
- 5 years of experience in accounting or business related field.
- Proficiency with accounting software is required, QuickBooks Desktop is preferred.
- Proficiency with Microsoft Office, including Excel & Word.
- Ability to effectively communicate in a professional manner with vendors, staff, board members, families, and anyone associated with Habitat for Humanity.
- Strong analytical, quantitative, problem solving and technical skills.
- Ability to maintain confidential information, high ethical standards, positive attitude.



# Habitat for Humanity®

Hawai'i Island

## JOB DESCRIPTION

**Job Title:** Construction Manager  
**Reports to:** Executive Director  
**Affiliate:** Habitat Hawaii Island

**Job Classification:** Full Time-Exempt  
**Department/Program:** Construction  
**Location:** Waimea Office

### ***Job Overview:***

To oversee all aspects of Habitat for Humanity Hawaii Island construction procedures, including new home builds, home repair, deconstruction, and all construction related activities, in a way that utilizes Build Committee members, board, staff, Sub-contractors, Site Supervisors, volunteer laborers, stakeholders, vendors, and materials to produce quality homes in a safe affordable manner. Position will include managing construction staff and volunteers, overseeing all construction sites, training volunteers, assisting with plan and site development, developing construction quality assurance methods to improve long term product, and working closely with Habitat team to rehabilitate and build new residential homes.

### ***Key Responsibilities:***

#### ***Pre-Construction Planning:***

- Lead Habitat Building Committee meetings.
- Work with Habitat Team to develop an overall construction plan.
- Develop and execute short term construction schedule in partnership with Habitat team.
- Communicate as-built drawings and help maintain working drawings.
- Develop detailed schedules for each project.
- Be familiar with Habitat requirements and suggestions regarding building.
- Advocate for accessible to Sustainable Building and Energy-Efficient housing.

#### ***Construction Staff Management:***

- Supervise professional and volunteer construction personnel. Utilize existing skilled persons maximizing benefit.
- Identify, train and support volunteer site supervisors.
- Provide training and development opportunities for staff and long-term volunteers.
- Work closely with construction staff on weekly plan update. Communicate the plan to all staff.
- Work with Construction Staff, Volunteer Coordinator and Family Services to insure that volunteers and partner families are productively involved in the construction process. (The houses should not be built by the Construction Staff and/or a select few volunteers.)
- Apprise Volunteer Coordinator of upcoming volunteer and skill needs.
- Attend special events and conferences as appropriate.
- Work with construction personnel to follow and continuously implement safety program.

#### ***Construction Procedure:***

- Provide contracts to subs and ensure timely and accurate completion.
- Order inspections; ensure that houses are built to code.
- Use in-kind material and labor when possible.

January 24, 2019

- Provide updates regarding project status and estimated completion dates.
- Responsible for projects until 100% complete and sold to homeowner.
- Work to develop QA methodology to ensure quality construction.
- Provide clear leadership with the safety plan to ensure understanding and full utilization.
- Work with Habitat Team to quickly handle any warranty repairs.

***Materials and Labor procurement:***

- Ensure timely clear communication with contractors and vendors. Develop working relationships.
- Responsible for ordering correct quantity and having materials delivered on time.
- Maintain and develop new connections to vendors.
- Negotiate prices and timelines for subcontracted services in conjunction with the Project Manager.
- Negotiate prices for materials in conjunction with the Site Supervisors.
- Oversee tool/equipment inventory, management and repairs.

***Management of Information:***

- Approve all construction-related invoices, code appropriately.
- Estimate and report value of in-kind gifts.
- Use pre-construction meetings to help Project Sponsors and Habitat team understand responsibilities, procedures and to have a meaningful volunteer experience.
- Provide construction project budgets to Finance Director and Executive Director

***QUALIFICATION REQUIREMENTS:***

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skills, and/or abilities needed. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Education & Experience:** College degree in related field preferred with five years experience in the provision of services and home construction and home repair with an emphasis on sustainable building.

**Physical & Mental Abilities:** Must be able to lift 25 lbs. Must be able to manage individuals in leadership role and to use effective and clear communication; and effectively manage multiple tasks and work under pressure to meet multiple demands and deadlines; and communicate clearly, diplomatically, and effectively both verbally and in writing.

**Attitudes & Attributes:** Must be able to relate well and work cooperatively with different ethnic groups and be sensitive to the cultural, language or dialect, financial and educational diversity of clients and co-workers; and maintain positive personal and phone contacts, projecting open, warm and positive communications (written and oral). Person must have an absolute commitment to job safety and work well in team.

**Other Skills & Abilities:** Must have PC skills, preferably with word processing, database and spreadsheets. In addition, must have access to a vehicle, and if driving, must have a valid driver's license, a safe and responsible driving record, plus current no-fault auto insurance, with at least the minimum State of Hawaii coverage requirements. May occasionally need to be flexible with work schedule, pending the need to deliver services outside the normal work shift and have access to cell phone.

**Desired Experiences, Skills & Abilities:** Experience in Construction and Project Management skills with proven record of increasing responsibility and achievement.

**HFHHI 501 (C) (3)**  
**Documentation**



*Help build it!*

April 13, 2018

Habitat for Humanity Hawai'i Island  
PO Box 4619  
Kailua Kona, HI 96745-4619

**RE: 501(c)(3) Letter for Habitat for Humanity Hawai'i Island, Partner ID# 4786-2080**

Dear Affiliate Leader:

This letter will confirm that Habitat for Humanity Hawai'i Island, with employer identification number 99-0355149, is considered a subordinate under the group tax exemption umbrella of Habitat for Humanity International, Inc. ("HFHI") under Section 501(c)(3) of the Internal Revenue Code.

The group exemption number assigned to HFHI by the IRS is 8545. This number may be provided to prospective donors, foundations and other grant organizations as they request it and is required on certain IRS forms.

Enclosed is a copy of the determination letter dated February 23, 2018, provided by the IRS as evidence of HFHI's tax exempt status as well as its group exemption. The determination letter, together with this letter, confirms Habitat for Humanity Hawai'i Island's subordinate status and provides evidence of its tax exempt status under Section 501(c)(3) of the Code.

In partnership,

**Beverly Huffman**

Director, US/Canadian Support Services Center  
Habitat for Humanity International 877-434-4435  
[USSupportCenter@habitat.org](mailto:USSupportCenter@habitat.org) · [habitat.org](http://habitat.org) | Habitat. We build.

Enclosure



Internal Revenue Service  
P. O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: February 23, 2018

Person to Contact: #0196814

Ms. Benjamin

Employer Identification Number:

91-1914868

Group Exemption Number:

8545

HABITAT FOR HUMANITY INTERNATIONAL INC.  
HABITAT FOR HUMANITY INTRNL PARENT  
% MICHAEL E CARSCADDON  
270 PEACHTREE ST NW STE 1300  
ATLANTA, GA 30303

Dear Sir or Madam:

This is in response to your request dated January 10, 2018 for information about your tax-exempt status.

Our records indicate we issued a determination letter to you in January 1987, and that you're currently exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also recognized the subordinates on the list you submitted as exempt from federal income tax under IRC Section 501(c)(3).

For federal income tax purposes, donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106 and 2522.

Because IRC Section 170(c) describes your subordinate organizations, donors can deduct contributions they make to them.

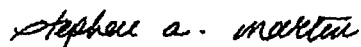
Please refer to [www.irs.gov/charities](http://www.irs.gov/charities) for information about filing requirements. Specifically, IRC Section 6033(j) provides that, if you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

In addition, each subordinate organization is subject to automatic revocation if it doesn't file a required return or notice for three consecutive years. Subordinate organizations can file required returns or notices individually or as part of a group return.

For tax forms, instructions, and publications, visit [www.irs.gov](http://www.irs.gov) or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,



Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

## **IRS Group Exemption FAQs**

### **The IRS refers to “central” or “parent” organizations, as well as “subordinate” organizations? What does these terms mean?**

An organization that has been granted a 501(c)(3) group exemption by the IRS is referred to as the central or parent organization. The central organization generally supervises many affiliates or chapters, called subordinate organizations. The subordinate organizations have similar structures, purposes, missions and activities.

- ❖ In Habitat’s case, HFHI is the central organization and each Affiliate is a subordinate organization.

### **What is the reason for group exemptions vs individual exemptions?**

Group exemptions are an administrative convenience for both the IRS and organizations with many affiliated organizations. Subordinates in a group exemption do not have to file, and the IRS does not have to process, separate applications for exemption. Instead, the IRS allows the central organization to include its subordinate organizations under its tax exempt “umbrella.”

- ❖ Group exemptions are more convenient because only one central organization (HFHI) needs to be checked for tax exempt status.

### **Who determines if a subordinate organization may be included under the central organizations’ group exemption?**

The central organization, not the IRS, determines who is exempt under its 501(c)(3) umbrella. The IRS does not approve or deny a subordinate’s inclusion on HFHI’s roster of exempt subordinates. It is solely at the discretion of the central organization holding the 501(c)(3) designation as long as the subordinate is similar in mission, purpose, structure and activities. The IRS leaves it up to the central organization to police its own list of subordinate entities and to report any changes. Failure to monitor the list in accordance with the rules set forth by the IRS may result in the central organization having its 501(c)(3) status revoked.

- ❖ HFHI is the final determiner of whether Affiliates are on its group exempt list. The IRS will not issue a letter with regard to an individual Affiliate.

**How does a donor verify that an organization is included as a subordinate in a group exemption ruling?**

The central organization which holds the group exemption (rather than the IRS) determines which organizations are included as subordinates under its group exemption umbrella. Therefore, a donor should verify that an organization is a subordinate eligible to receive tax deductible donations by requesting a copy of a letter provided by the central organization to the subordinate confirming the subordinate entity's inclusion on its roster of exempt subordinates. This letter, coupled with a copy of the central organizations 501(c)(3) determination letter provides adequate proof of the entity's tax exempt status.

❖ Affiliate should provide donors a copy of the confirmation letter (with the HFHI IRS determination letter attached) that HFHI provides to each Affiliate on an annual basis.

❖ Donors should be told that the IRS determination letter will not reference the Affiliate by name.

**How do donors verify that contributions are deductible with respect to a subordinate organization in a section 501(c)(3) group exemption ruling?**

Many donors are accustomed to consulting the IRS database known as EOS Select Check to confirm that donations to a specific organization are tax deductible. This works well for organizations that have an individual tax exemption; however, it creates a bit of confusion when it comes to organizations with a group tax exemption status.

The EOS Select Check database does NOT list all subordinate entities. It lists the central organization because the central organization is the entity that applied for, and was granted, a 501(c)(3) designation. Many times donors become alarmed when they do not see the individual Affiliate listed in the database. It is important to explain to your donor that providing HFHI's group exemption number (GEN) along with a confirmation letter from HFHI, as the central organization, is sufficient proof of the subordinate entity's tax exempt status. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling.

❖ Explain to your donors early the procedure so that they will not be surprised when the Affiliate is not referenced on the EOS database.

## **Employer Identification Number (EIN) vs Group Exemption Number (GEN)**

The Employer Identification Number (EIN) is a nine-digit number that is unique to each business and generally appears in the following format: XX-XXXXXXX. Its role for a business is similar to that of the Social Security number for an individual. The number includes information about which state the corporation is registered in. This unique identification number is assigned to a business entity so that they can easily be identified by the Internal Revenue Service. The EIN is also known as a Federal Identification Number (FIN) or Tax ID.

This number is apart and separate from a company's group exemption number (GEN). The EIN identifies the specific organization. The GEN identifies the entity's further designation as a tax exempt organization.

The GEN number is a number assigned by the IRS which identifies the central organization who was granted the group exemption. The GEN number is a 4 digit number that should be supplied to donors when they make a donation. This number allows the donor to make a tax deduction based on the donation to the tax exempt entity.

- HFHI's GEN is 8545. This should be given to your donors.
- Do not use HFHI's EIN in your Affiliate's tax return and other documents. This will cause the IRS to confuse your Affiliate with HFHI (including accidentally holding you responsible HFHI's payroll taxes, misreporting on Form 990, etc.)

❖ HFHI's GEN is 8545. This should be given to your donors.

❖ Do not use HFHI's EIN in your Affiliate's tax return and other documents. This will cause the IRS to confuse your Affiliate with HFHI (including accidentally holding you responsible HFHI's payroll taxes, misreporting on Form 990, etc.)

**Copy of MOU  
With  
Department of  
Hawaiian Homelands**

MEMORANDUM OF UNDERSTANDING BETWEEN HAWAII HABITAT FOR HUMANITY  
ASSOCIATION INCORPORATED AND DEPARTMENT OF HAWAIIAN HOME LANDS  
REGARDING HABITAT FOR HUMANITY AFFILIATES.  
(SUPPLEMENTS MOU DATED MAY 29, 2002)

This Memorandum of Understanding is entered into on this 25<sup>th</sup> day of July, 2013, by and between the State of Hawaii by its Department of Hawaiian Home Lands (hereinafter "DHHL") and Habitat for Humanity, Inc. (hereinafter "Habitat") (hereinafter collectively the "parties").

WHEREAS, the May 29, 2002 Memorandum of Understanding between Habitat for Humanity Association, Inc. and the DHHL (hereinafter "May 2002 MOU"), defined the basic relationship, responsibilities, agreements and requirements of the DHHL and Affiliates in carrying out its affordable housing program on Hawaiian home lands with eligible Lessees/applicants.

WHEREAS, the DHHL has been authorized by its Hawaiian Homes Commission to provide Habitat loans through its Native Hawaiian Housing Block Grant program (hereinafter "NHHBG"), to eligible homestead Lessees who have partnered with Habitat Affiliates to construct or repairs their homes.

NOW THEREFORE, the parties hereby agree to the following:

1. Whenever a DHHL Habitat loan is made <sup>and prior to close of escrow</sup> to a Lessee working with an Affiliate to construct or repair their home, the Affiliate will be responsible for collecting the first year premium and forwarding Homeowners insurance and Hurricane insurance premiums to the insurance provider and forwarding copy of proof of insurance to DHHL. Should the Lessee who has partnered with the Habitat Affiliate become delinquent on its insurance, the Habitat Affiliate will assist DHHL in working with the family to bring insurance payments current.
2. Should the Lessee who has partnered with the Habitat Affiliate become delinquent on its DHHL mortgage, the Habitat Affiliate will assist DHHL with Loss Mitigation work to bring mortgage payments current.

IN WITNESS WHEREOF, the undersigns have executed this Memorandum of Understanding dated 25<sup>th</sup> day of July, 2013.

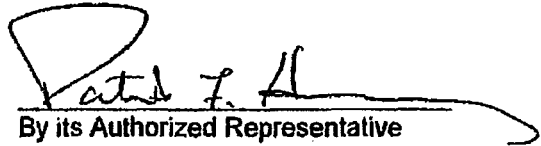
Hawaii Habitat for Humanity  
Association, Inc.

  
By its Authorized Representative

Kauai Habitat for Humanity, Inc.

By its Authorized Representative

*WEST HAWAII, INC.*  
Kona Habitat for Humanity, Inc.

  
By its Authorized Representative

Molokai Habitat for Humanity, Inc.

By its Authorized Representative

Honolulu Habitat for Humanity, Inc.

  
By its Authorized Representative

Leeward Habitat for Humanity, Inc.

  
By its Authorized Representative


Habitat for Humanity Maui, Inc.

  
By its Authorized Representative

Hale Aloha O Hilo Habitat for  
Humanity, Inc.

  
By its Authorized Representative

APPROVED AS TO FORM:

  
Deputy Attorney General  
State of Hawaii

STATE OF HAWAII  
DEPARTMENT OF HAWAIIAN  
HOME LANDS

  
By Jobie M.K. Masagafani,  
Chairman  
Hawaiian Homes Commission

