

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

2018

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

A For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019

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

C HABITAT FOR HUMANITY MONTEREY BAY 108 MAGNOLIA STREET SANTA CRUZ, CA 95062

DO NOT MAIL This return has been Electronically Filed

D Employer identification number 77-0206356 E Telephone number (831) 469-4663 G Gross receipts \$ 3,330,559.

F Name and address of principal officer: SAME AS C ABOVE H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No

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

J Website: WWW.HABITATMONTEREYBAY.ORG H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other L Year of formation: 1989 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO CREATE DECENT, AFFORDABLE HOUSING FOR THOSE IN NEED, AND TO MAKE A DECENT SHELTER A MATTER OF CONSCIENCE WITH PEOPLE EVERYWHERE.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: RONALD BUSWELL, Ronald Buswell, PRESIDENT. Date: [blank]

Paid Preparer Use Only Print/Type preparer's name: MAX A. WALTERS, Preparer's signature: MAX A. WALTERS, Date: 12/7/19, Check self-employed: X, PTIN: P00252071, Firm's name: WALTERS & KONDRASHEFF, CPA'S, Firm's address: 4 CARBONERO WAY SUITE A, SCOTTS VALLEY, CA 95066, Firm's EIN: 77-0096938, Phone no.: (831) 429-8617

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