Form **990**

DAA

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

<u>A</u>	For the	e 2015 calendar year, or tax year beginning, and ending								
В	Check if a	pplicable: C Name of organization		D Employe	r identification number					
	Address c	Address change HEALTHY BUILDING NETWORK								
\Box	Name cha	Doing business as		20-5	036229					
님	Name cha	Number and street (or P.O. box if mail is not delivered to street address)								
-	Initial retur			202-	741-5717					
	Final retur terminated	d I								
	Amended	WASHINGTON DC 20009		G Gross rec	eipts \$ 1,621,519					
\exists		I warne and address of principal officer.	H(a) Is this a gr	oup return for s	ubordinates? Yes X No					
Ш	Application	on pending WILLIAM WALSH		•						
			H(b) Are all sub							
			If "No,	" attach a list.	(see instructions)					
1	Tax-exen	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527								
J	Website		H(c) Group exe		er >					
K_	Form of o	organization: X Corporation Trust Association Other ▶ L	Year of formation: 2	2006	M State of legal domicile: DC					
E	art I	Summary								
	1 E	Briefly describe the organization's mission or most significant activities:								
ø		SEE SCHEDULE O								
JL S										
Ë										
ĕ	2 0	Check this box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net as	sets.						
ڻ مخ	1	Number of voting members of the governing body (Part VI, line 1a)			7					
ŝ		Number of independent voting members of the governing body (Part VI, line 1b)			6					
iŧi		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			13					
Activities & Governance				1 . 1	0					
⋖		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		· · · · 	0					
		Net unrelated business taxable income from Form 990-T, line 34			0					
	51	Net differenced business taxable income from 1 offit 990-1, fille 54	Prior Ye		Current Year					
-	8 0	Contributions and grants (Part VIII, line 1h)		1,705	675,920					
Revenue		Program service revenue (Part VIII, line 2g)		2,909	945,033					
Ş.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		513	566					
8	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0					
	l	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1.18	5,127	1,621,519					
	T	Oranta and similar are unto neid (Det IV column (A) line 4 2)		 	0					
		Panalita paid to ar for mambara (Part IV, salumn (A), line 4)			0					
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	85	9,339	1,101,169					
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		3,333	1/101/109					
en		Tatal for decision according (Dect IV, as house (D) that OS) by								
Ä		Other expenses (Part IX, column (D), line 25) ► 44, 700 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31	7,861	348,689					
	1			7,200	1,449,858					
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	7,927	171,661					
<u> ۲</u> %	19 1	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year					
Net Assets or	20 7	Total assets (Part X, line 16)		7,964	954,668					
Assi	21 7	Total linkiliting (Dout V. ling 20)		4,367	219,410					
Š	22 N	Net assets or fund balances. Subtract line 21 from line 20		3,597	735,258					
*******	art II	Signature Block		3733.	.00/100					
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	anta and to the h	oot of my kr	nowledge and holief it is					
	•	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	•	•	lowledge and belief, it is					
Sig	ın	Signature of officer		Date						
He	-	WILLIAM WALSH EXECU	ידעבי הדו	RECTOR						
пе	16	Type or print name and title	TIVE DI	AEC TO						
		Print/Type preparer's name Preparer's signature	Date	05	if PTIN					
Pai	d			Check	LJ "					
	parer	ALLEN W. HESS, CPA	-	3/16 self-en						
	Only	Firm's name		Firm's EIN	46-2108854					
Jat	Ciny	PO BOX 259			014_603_1000					
		Firm's address BEDFORD, PA 15522-0259		Phone no.	814-623-1880					
		S discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	Yes No					
For	Paperw	vork Reduction Act Notice, see the separate instructions.			Form 990 (2015)					

	5) HEALTHY BUILDING NETWORK	20-5036229	Page 2
Part III	Statement of Program Service Accomplishme		X
1 Briefly d	Check if Schedule O contains a response or note escribe the organization's mission:	to any line in this Part in	·····
•	CHEDULE O		
54			
* * * * * * * * * * * * * * * * * * * *			
2 Did the	organization undertake any significant program services during	the year which were not listed on the	
	000 000 570	•	Yes X No
If "Yes,"	describe these new services on Schedule O.		
3 Did the	organization cease conducting, or make significant changes in	how it conducts, any program	
services	?		Yes X No
If "Yes,"	describe these changes on Schedule O.		
4 Describe	the organization's program service accomplishments for each	of its three largest program services, as measured	d by
expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to	report the amount of grants and allocations to oth	ners,
the total	expenses, and revenue, if any, for each program service repor	ted.	
4a (Code:) (Expenses \$ 1,374,030 including c		
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	TEGRAL PART OF GREEN BUILDING S		
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4d Other program services (Describe in Schedule O.)

including grants of \$ 1,374,030

Form 990 (2015) HEALTHY BUILDING NETWORK Part IV Checklist of Required Schedules

0000 T 00	artists Checklist of Required Schedules		Vac	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Ves." complete Schodule D. Bart I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	·····		
Ŭ	complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	····· - • -		- 22
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	l		
	debt paratistics and issay If "Ver" accorded Cabadula D. Bart IV	9		X
40		····· - -		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	140		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u></u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 44-		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		\vdash	
	for any foreign agreeignting (If "Vee " agree lets Cale dula F. Darte II and IV	15		х
16			<u> </u>	- 22
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		X
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		 	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? If "Yes," complete Schedule L, Part I 25a 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II X 26 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? If "Yes," complete Schedule L, Part III X 27 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? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 or IV, and Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 12 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ___11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2015) **HEALTHY BUILDING NETWORK** 20-5036229 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 6 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 16a 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 List the states with which a copy of this Form 990 is required to be filed **CA** 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 X Upon request Other (explain in Schedule O)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records: 20

THE ORGANIZATION WASHINGTON

1710 CONNECTICUT AVE, NW, 4TH FLOOR

DC 20009

202-741-5717

Form 990 (2015)

Part VII

Form 990 (2015) HEALTHY BUILDING NETWORK

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.

hours for related organization (W-2/1099-MISC) organizations lie in it is in the control of the	(F) Estimated amount of other compensation from the organization and related organizations
related organizations below dotted line) related organizations below dotted line) related organizations natificional trustee (ey employee) (W-2/1099-MISC)	and related
(1)WILLIAM WALSH	
40.00	29,438
(2) ROBIN GUENTHER	
2.00	
BOARD CHAIR 0.00 X X 0 0	0
(3) GEORGE SALAH 2.00	
BOARD SECRETARY 0.00 X X 0	0
(4) BROPHY CHRISTENSEN	
2.00	
BOARD TREASURER 0.00 X X 0	0
(5) PENNY BONDA	
2.00	0
(6) AMANDA KAMINSKY	
2.00	
BOARD MEMBER 0.00 X 0	0
(7) LINDA SORRENTO	
2.00	
BOARD MEMBER 0.00 X 0 0	0
(8) SUSAN SABELLA 40.00	
OPERATIONS DIRECTOR 0.00 X 109,552 0	1,412
(9) TOM LENT	
40.00	
POLICY DIRECTOR 0.00 X 106,742 0	1,351
(10) LAWRENCE KILROY	
CIO 0.00 X 103,706 0	7,797
CIO 0.00 X 103,706 0	1,191

Forn	1 990 (2015) HEALTHY I	BUILDING	NE	TW	OR	K			20-503	6229	F	age 8
Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	l Employees (continued)		
	(A) Name and title	(B) Average hours per week (list any hours for	off	x, unle	Pos check ess pe	rson lirecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
									·			
1b	Sub-total							>	435,054		39,	998
c d	Total from continuation she Total (add lines 1b and 1c)							>	435,054		39,	998
2	Total number of individuals (in reportable compensation from	cluding but not li	mite	d to				bov		\$100,000 of		
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dire	ecto	r, or					loyee, or highest compensa		Yes 3	No X
4	For any individual listed on line organization and related orgar individual	e 1a, is the sum nizations greater	of re thar	port \$15	able 60,00	com 00? I	pens f "Ye	satio	on and other compensation complete Schedule J for su	from the ch	4	х
5	Did any person listed on line 1 for services rendered to the or	a receive or acc	rue o	comp	ens	atio	n tror	n ar	ny unrelated organization oi		5	X
	ion B. Independent Contracto											
1	Complete this table for your five compensation from the organic	zation. Report co							dar year ending with or with	nin the organization's tax year		
	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensa	ation
	· 				-					·		
	·											
												
										·		
2	Total number of independent received more than \$100,000	contractors (inclu	iding fror	but n the	not org	limit aniz	ed to	tho	se listed above) who	0		

Total Part Total Acid lines 1 = -1	Pa	Part VIII Statement of Revenue Check if Schedule O contains a response		or note to	П							
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c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d		h			· · - -							
10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d												
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d				· · ·	ا عدا		······					
b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d	ļ			loweness.	а							
C Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b C d All other revenue e Total. Add lines 11a–11d	į	b			b		**************************************					
11a b c d All other revenue e Total. Add lines 11a–11d					s of inv	entory						
b c d All other revenue e Total. Add lines 11a–11d	[Mise	cellaneous Revenue			Busn. Code					
c d All other revenue e Total. Add lines 11a–11d		11a										
d All other revenue e Total. Add lines 11a–11d		b							· ·			
e Total. Add lines 11a–11d												ļ
							L					
		е				· · · · · · · · · · · · · · · ·			01 510	045 000		566

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 (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 255,456 240,825 5,692 8,939 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 679,009 640,080 15,138 23,791 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 92,920 73,784 Other employee benefits 3,222 87,635 2,063 9 69,587 Payroll taxes 1,638 Fees for services (non-employees): Management **b** Legal 37,962 35,854 831 1,277 c Accounting Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees Q Other, (If line 11g amount exceeds 10% of line 25, column 88,928 86,428 2,500 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 14,690 13,952 205 533 13 Office expenses Information technology 14 Royalties 15 952 42,901 40,411 1,538 Occupancy 16 54,531 53,498 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 38,732 37,799 933 Conferences, conventions, and meetings 19 Payments to affiliates 21 3,628 Depreciation, depletion, and amortization ... 3,848 85 135 10,359 9,783 349 227 23 Insurance 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.) 35,500 INTERNET AND WEB 34,350 385 765 10,191 9,599 225 367 TELEPHONE 5,858 5,576 111 171 OTHER 3,724 3,810 52 DUES, SUBSCRIPTIONS & PUB 34 1,379 1,301 29 49 e All other expenses 1,374,030 780 1,449,858 31,048 44. Total functional expenses. Add lines 1 through 24e 25 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) (B) Beginning of year End of year Cash—non-interest bearing 1 Savings and temporary cash investments 379,171 698,771 219,547 140,625 Pledges and grants receivable, net 3 90,423 78,516 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 21,728 Prepaid expenses and deferred charges 14,618 10a Land, buildings, and equipment: cost or 21,218 other basis. Complete Part VI of Schedule D _______10a 11,490 5,125 9,728 b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 9,080 5,300 15 Other assets. See Part IV, line 11 15 717,964 954,668 16 Total assets. Add lines 1 through 15 (must equal line 34) 127,554 Accounts payable and accrued expenses 17 69,438 17 18 18 Grants payable 26,813 149,972 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 154,367 219,410 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and Fund Balances complete lines 27 through 29, and lines 33 and 34. 202,842 633,668 Unrestricted net assets 360,755 101,590 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and ö

> 954,668 Form **990** (2015)

735,258

31

32

33

563,597

717,964

Net Assets

complete lines 30 through 34.

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

32 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Pa	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				L
1	Total revenue (must equal Part VIII, column (A), line 12)		21,		
2	Total expenses (must equal Part IX, column (A), line 25)	1,4	49,	85	<u>8</u>
3	Revenue less expenses. Subtract line 2 from line 1		.71,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		63,	59'	<u>7</u>
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities 6				
7	Investment expenses 7				
8	Prior period adjustments 8				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B)) 10	7	35,	258	8
Pa	irt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			. L	
			Yes	No)
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	2b	X		
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				•••
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in]******	*********	1	
	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.	зь			
			orm 99	0 (201	15)

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

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2015

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			HEALTHY BUIL	DING NETWORK			20-503	36229	
P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns.	
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check only	one box	.)		
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectior	170(b)(1)(A)(i).		
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	iii).		
4									
		city, and stat	te:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6		^		overnmental unit described in s	ection 17	0(b)(1)(A)(v)		
7	X			substantial part of its support fro			., ,	•	
•		-	section 170(b)(1)(A)(vi). (C		om a gove	, minoritar	unit of from the general public	•	
8				i 70(b)(1)(A)(vi) . (Complete Part	- 11 \				
9		-) more than 33 1/3% of its supp		contributio	one mambarehin faas and ar	nee	
J				npt functions—subject to certain					
				nd unrelated business taxable in					
		• •	•	0, 1975. See section 509(a)(2) .	•		,		
10			~	exclusively to test for public safe	•		•		
11	H	•	•	exclusively for the benefit of, to	•		` '. '	nees of	
• •		-		ions described in section 509(a					
				cribes the type of supporting org				. Onook	
а			-	ed, supervised, or controlled by	-		•		
a				o regularly appoint or elect a ma		_			
			You must complete Part I		ajonty or t	ne directo	is of trustees of the supporting	9	
b		•	•	rised or controlled in connection	with ite e	unnorted	organization(s) by having		
b				organization vested in the same			• • • •		
			(s). You must complete Par	•	e persons	that cont	ioi oi manage the supported		
С		•	•	orting organization operated in o	connection	n with an	d functionally integrated with		
٠				tions). You must complete Par		•	• •		
d			• ,,,	supporting organization operate	•	-		1	
				panization generally must satisfy			• • • • • • • • • • • • • • • • • • • •	1	
			, ,	t complete Part IV, Sections A					
е			•	d a written determination from t	-				
·			<u> </u>	nctionally integrated supporting			ype i, type ii, type iii		
f		-	r of supported organizations	ionorially integrated supporting	organizati	OII.			
g			wing information about the su	upported organization(s).					
_		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of	
`		anization	(,	(described on lines 1–9	listed in you		support (see	other support (see	
				above (see instructions))	docur	nent?	instructions)	instructions)	
					Yes	No			
— A)									
			!						
B)		•							
C)			!						
— D)									
E)									
- a t	. F								

Page 2

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	758,548	194,442	712,030	631,705	675	, 920	2,972,645
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	758,548	194,442	712,030	631,705	675	, 920	2,972,645
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)							2,173,323
6_	Public support. Subtract line 5 from line 4.							799,322
	tion B. Total Support	T	r	r				
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
7	Amounts from line 4	758,548	194,442	712,030	631,705	675	,920	2,972,645
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,155	1,649	707	513	566		6,590
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							2,979,235
12	Gross receipts from related activities, etc.	(see instructions)					12	945,033
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 501	I(c)(3)		
	organization, check this box and stop her							
<u>Sec</u>	tion C. Computation of Public Si							·
14	Public support percentage for 2015 (line 6	6, column (f) divide	d by line 11, colum	nn (f))			14	26.83%
15	Public support percentage from 2014 Sch					L	15	28.92%
16a	33 1/3% support test—2015. If the organ				33 1/3% or more, o	check this		
	box and stop here . The organization qual	•			·			▶ □
b	33 1/3% support test—2014. If the organ				15 is 33 1/3% or m	ore,		
	check this box and stop here. The organi							▶ ∐
17a	10%-facts-and-circumstances test—20°	_						
	10% or more, and if the organization mee							
	Part VI how the organization meets the "fa organization							▶ X
b	10%-facts-and-circumstances test—20	14. If the organizat	ion did not check a	a box on line 13, 16	6a, 16b, or 17a, an	d line		
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	oox and stop here .	•		
	Explain in Part VI how the organization me supported organization	eets the "facts-and		_	•	· ·		>
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	 ∋e		
	instructions			•	······································			▶ □

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support	quality direct to		ocion, picaco c	omplete Falt II	•/	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
С	Add lines 7a and 7b						
8 	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
С	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.)			L			
14	First five years. If the Form 990 is for the organization, check this box and stop her	ŭ				I(c)(3)	> [
Sec	tion C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2015 (line 8	3, column (f) divide	d by line 13, colun	nn (f))		15	%_
16	Public support percentage from 2014 Sch	edule A, Part III, li	ne 15				<u>%</u>
	tion D. Computation of Investme			·			
17	Investment income percentage for 2015 (3, column (f))		17	<u>%</u>
18	Investment income percentage from 2014						<u></u> %_
19a	33 1/3% support tests—2015. If the orga						. —
	17 is not more than 33 1/3%, check this b						▶ ∐
b	33 1/3% support tests—2014. If the orga						. —
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						
20	rrivate roungation, it the organization di	и погспеска вох	on line 14. 198. Of	Leo check this bo	x and see instructi	IOUS	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b 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.
- 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.)

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Pa	st IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
С	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.	11c
Sect	tion 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.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2
Sect	tion 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).	1
Sect	tion D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sect	tion 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 instruction	ns):
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? 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.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	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.	3a
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.	3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1	П	_	_	_	
	۲	а	u	е	

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. Set	ee instructions. All				
other Type III non-functionally integrated supporting organizations must complete Sections A through E	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					
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)					
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)			
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)					
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).					
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5					
6 Multiply line 5 by .035					
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 supp	oorting organization	(see			

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos				
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 suppo	orted 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	tion is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
		(i)	(ii)	(iii)	
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable	
			Pre-2015	Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
a					
b					
с					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2015 distributable amount				
i	Carryover from 2010 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section				
	D, line 7: \$				
a	Applied to underdistributions of prior years		_		
<u> </u>	Applied to 2015 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a					
<u>b</u>					
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				

Schedule A (Form 990 or 990-EZ) 2015

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

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2015 THE ALTERNATIVE TEST UNDER SECTION 1.170A-9(E)(3) OF THE REGULATIONS REQUIRES AN ORGANIZATION TO SHOW THAT IT NORMALLY RECEIVES AT LEAST TEN PERCENT OF ITS SUPPORT FROM PUBLIC SOURCES. IN ADDITION, THE ORGANIZATION MUST BE "SO ORGANIZED AND OPERATED AS TO ATTRACT NEW AND ADDITIONAL PUBLIC OR GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS." REGULATIONS SECTION 1.170A-9(E)(3). THE "ATTRACTION OF PUBLIC SUPPORT" REQUIREMENT IS SATISFIED IF THE ORGANIZATION MAINTAINS A CONTINUOUS PROGRAM FOR THE SOLICITATION OF FUNDS FROM THE PUBLIC OR CARRIES ON ACTIVITIES DESIGNED TO ATTRACT PUBLIC SUPPORT. IN DETERMINING WHETHER A CONTINUOUS AND BON-A-FIDE SOLICITATION PROGRAM IS MAINTAINED, THREE FACTORS ARE CONSIDERED. THE FIRST FACTOR IS THAT THE SCOPE OF THE ORGANIZATION'S FUNDRAISING ACTIVITIES SHOULD BE REASONABLE IN LIGHT OF ITS CHARITABLE ACTIVITIES. THE SECOND FACTOR IS THAT A NEW ORGANIZATION MAY RELY ON LIMITED SOURCES OR AMOUNTS OF SUPPORT UNTIL IT CAN EXPAND ITS SOLICITATION PROGRAM OR ACTIVITIES. THIRD FACTOR IS THAT THE FACTS AND CIRCUMSTANCES OF EACH CASE ARE ANALYZED IN ACCORDANCE WITH THE ORGANIZATION'S NATURE AND PURPOSE. REGULATION SECTION 1.170A-9(E)(3)(II).

FOR PURPOSES OF THE FACTS AND CIRCUMSTANCES TEST PURSUANT TO SECTION

1.170A-9(E)(3) OF THE REGULATIONS, THE ORGANIZATION MUST SATISFY BOTH THE

TEN PERCENT COMPONENT OF THE TEST AND THE "ATTRACTION OF PUBLIC SUPPORT"

COMPONENT OF THE TEST IN ORDER TO ESTABLISH THAT, UNDER ALL THE FACTS AND

CIRCUMSTANCES, THE ORGANIZATION IS A "PUBLICLY SUPPORTED" ORGANIZATION.

APPLYING THESE CRITERIA TO THE CHARITY, IT IS CLEAR THAT IT MEETS THIS

TEST.

- Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
- 1. PERCENTAGE OF FINANCIAL SUPPORT. AS THE PERCENTAGE OF SUPPORT FROM PUBLIC SOURCES INCREASES, THE BURDEN OF ESTABLISHING OTHER FACTORS DECREASES. REGULATION SECTION 1.170A-9(E)(3)(III). OVER THE CONTINUOUS FIVE YEAR PERIOD COMMENCING ON JANUARY 1, 2010 UNTIL DECEMBER 31, 2015, THE CHARITY HAS RECEIVED, IN THE AGGREGATE, 27% OF ITS TOTAL SUPPORT FROM THE GENERAL PUBLIC. FOR THE PERIOD ENDED DECEMBER 31, 2015 THE TOTAL SUPPORT WAS 21%.
- 2. SOURCES OF SUPPORT. THE FACT THAT THE ORGANIZATION RECEIVES ITS SUPPORT FROM A "REPRESENTATIVE NUMBER OF PERSONS" RATHER THAN FROM MEMBERS OF A SINGLE FAMILY INDICATES A "PUBLICLY SUPPORTED" NATURE. REGULATION SECTION 1.170A-9(E)(3)(IV). THE ORGANIZATION HAS AN ACTIVE PROGRAM OF SOLICITATION OF CONTRIBUTIONS FROM THE PUBLIC. ITS SOLICITATIONS TARGET PRIMARILY CORPORATIONS, INDIVIDUALS AND PRIVATE FOUNDATIONS. OVERALL, THE SUPPORT DURING THE PREVIOUS FIVE YEAR PERIOD DEMONSTRATES A VARIED BASE OF SUPPORT THAT CONTINUES TO GROW AND DIVERSIFY OVER TIME.
- 3. REPRESENTATIVE GOVERNING BODY. THE FACT THAT THE GOVERNING BODY OF THE ORGANIZATION REPRESENTS THE BROAD INTERESTS OF THE GENERAL PUBLIC RATHER THAN THE PERSONAL INTEREST OF CERTAIN DONORS IS INDICATIVE OF PUBLIC SUPPORT. REGULATION SECTION 1.170A-9(E)(3)(V). THE BOARD OF DIRECTORS OF THE CHARITY, DESCRIBED ABOVE, CONSISTS OF INDIVIDUALS FROM A VARIETY OF BACKGROUNDS AND EXPERIENCES. MORE IMPORTANT, THE BOARD INCLUDES EXTREMELY PROMINENT INDIVIDUALS IN THE BUSINESS, PHILANTHROPIC AND EDUCATIONAL FIELDS. THE MEMBERS OF THE BOARD ARE ONLY INTERESTED IN FURTHERING THE CHARITY'S MISSION ALL OF THE BOARD IS COMMITTED IN THEIR PERSONAL AND PROFESSIONAL LIVES TO THE CHARITY'S MISSION WHICH IS REFLECTED IN THEIR

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

LONGTIME COMMITMENTS TO THE FIELD OF EDUCATION.
4. AVAILABILITY OF THE PUBLIC FACILITIES OR SERVICES. PROVISION OF
FACILITIES OR SERVICES "DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A
CONTINUING BASIS" IS CONSIDERED EVIDENCE THAT THE ORGANIZATION IS "PUBLICLY
SUPPORTED." REGULATION SECTION 1.170A-9(E)(3)(VI). AS DESCRIBED ABOVE,
THE CHARITY SUPPORTS A BROAD ARRAY OF PROGRAMS. AMONG THE FACTORS
DELINEATED IN SECTION 1.170A-9(E)(3)(VI)OF THE REGULATIONS AS EVIDENCING
THE AVAILABILITY OF PUBLIC FACILITIES OR SERVICES, THE FOLLOWING ARE
PARTICULARLY RELEVANT TO THE CHARITY: (A) PARTICIPATION IN THE CHARITY'S
PROGRAMS BY COMMUNITY LEADERS AND BY MEMBERS OF THE PUBLIC WITH SPECIAL
KNOWLEDGE OR EXPERTISE; AND (B) MAINTENANCE BY THE CHARITY OF A DEFINITIVE
PROGRAM TO ACCOMPLISH ITS CHARITABLE AND EDUCATIONAL WORK. THE CHARITY'S
WORK IS SUPPORTED BY PHILANTHROPIC, BUSINESS AND COMMUNITY LEADERS. ITS
PROGRAMS CONTINUE TO EVOLVE AND BENEFIT THE COMMUNITY AS A WHOLE.
THE CHARITY SATISFIES THE "FACTS AND CIRCUMSTANCES" TEST. THE ORGANIZATION
OF THE CHARITY FROM ITS PUBLIC PROGRAMS AND ITS ONGOING FUNDRAISING
ACTIVITIES TO THE VARIED QUALIFICATIONS AND PROMINENCE OF THE MEMBERS OF
ITS BOARD OF DIRECTORS, IS DESIGNED TO ATTRACT PUBLIC SUPPORT AND FURTHER
ITS CHARITABLE MISSION.

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.

OMB No. 1545-0047

Employer identification number Name of the organization 20-5036229 HEALTHY BUILDING NETWORK 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 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 Assets included in Form 990, Part X

Pa	a	e	2

Pŧ	art III Organizations Maintaining	Collections of	of Art, Hi	storical T	reasures,	or Othe	r Simil	lar As	sets	(continu	ed)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other reco	rds, check	any of the fol	lowing that a	re a signifi	cant use	of its			
а	Public exhibition	d	Loan or e	xchange pro	grams						
b	Scholarly research	е 🗌	Other								
С	Preservation for future generations										
4	Provide a description of the organization's coll XIII.	lections and expla	ain how the	y further the	organization'	s exempt _l	purpose	in Part			
5	During the year, did the organization solicit or	receive donations	s of art hist	orical treasu	res or other	similar					
	assets to be sold to raise funds rather than to									Yes	No
Pa	art IV Escrow and Custodial Arra		pant or the								
	Complete if the organization 990, Part X, line 21.	_	s" on For	m 990, Pa	rt IV, line 9	9, or rep	orted a	n am	ount c	n Form	
										Yes	No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the	following ta	ble:			ſ			A	
							}			Amount	
C	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance						l	1f			
	Did the organization include an amount on Fo									Yes	\vdash
	If "Yes," explain the arrangement in Part XIII.	Check here if the	explanation	nas been pi	rovided on Pa	aπ XIII				<u> </u>	
	Endowment Funds.	anawarad "Va	o" on For	000 Da	rt IV line 1	10					
	Complete if the organization						(d) The		book	(a) Four	ears back
4-	Pariming of the balance	(a) Current year	(b) i	Prior year	(c) Two yea	ars pack	(0) 1111	ee years	Dack	(e) roury	- Dack
	Beginning of year balance				·						
C	3,,3,										
	losses		-								
d	* * * * * * * * * * * * * * * * * * * *		-								
	Other expenditures for facilities and programs										
f	Administrative expenses		_								
g	End of year balance										
2	Provide the estimated percentage of the curre		ice (line 1g	column (a))	held as:						
а	Board designated or quasi-endowment	%									
b	Permanent endowment ▶										
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the possess	sion of the organi	zation that	are held and	administered	d for the				_	1
	organization by:									<u> </u>	res No
	(i) unrelated organizations									3a(i)	
										3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as req	uired on Sc	hedule R?						3b	
_ 4	Describe in Part XIII the intended uses of the		dowment fu	nds							
Pa	irt VI Land, Buildings, and Equip										
	Complete if the organization	<u>answered "Ye</u>	<u>s" on For</u>	<u>m 990, Pa</u>	<u>ırt IV, line 1</u>	11a. See	Form	990, 1	Part X	(, line 10	<u>. </u>
	Description of property	(a) Cost or othe		(b) Cost or o			ccumulate	d		(d) Book va	alue
		(investmer	nt)	(othe	er)	de	preciation	**********			
1a	Land								<u> </u>		
	Buildings				21,218		11	<u>,490</u>	<u> </u>		9,728
	Leasehold improvements										
	Equipment										
е	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Pa	art X, colum	ın (B), line 10	Oc.)			>	- [9,728

Schedule D (Form 990) 2015

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV	line 11h See Form 990 Pa	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(0) 011	·	1		
(A)				
(B)				· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			
(D)				
				
(F)				
(G)				
Total (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	<u></u>		
	Complete if the organization answered "Yes" or	Form 990. Part IV.	line 11c. See Form 990. Pa	art X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
_(3)				
_(4)		 		
(5)				
(6)				
(7)				
(8) (9)	······································			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11d. See Form 990, Pa	art X, line 15.
	(a) Description			(b) Book value
_(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.		<u> </u>	
	Complete if the organization answered "Yes" or	n Form 990, Part IV, I	line 11e or 11f.See Form 9	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value	_	
	income taxes		\dashv	
(2)			_	
(3)			\dashv	
<u>(4)</u>			\dashv	
(5) (6)			\dashv	
(7)				
_(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶			

1 T	Complete if the organization answered "Yes" on Form otal revenue, gains, and other support per audited financial statements			1	1,663,853
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	et unrealized gains (losses) on investments	2a			
	onated services and use of facilities	امدا	42,334		
c R	ecoveries of prior year grants	2c			
	ther (Describe in Part XIII.)				
e A	dd lines 2a through 2d			2e	42,334
	ubtract line 2e from line 1			3	1,621,519
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Ir	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
b 0	ther (Describe in Part XIII.)	4b	<u>:</u>		
	dd lines 4a and 4b			4c	
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	1,621,519

1,492,192 1 Total expenses and losses per audited financial statements 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 42,334 2e e Add lines 2a through 2d 1,449,858 Subtract line 2e from line 1 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 1,449,858 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5

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 X - FIN 48 FOOTNOTE

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB ASC NO. 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH IS AN INTERPRETATION OF ASC 740'S, ACCOUNTING FOR INCOME TAXES. FASB ASC NO. 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS IN ACCORDANCE WITH ASC 740'S AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC NO. 740-10 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS HAVE A "MORE-LIKELY-THAN-NOT" PROBABILITY OF BEING SUSTAINED BY

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization

Employer identification number

HEALTHY BUILDING NETWORK

20-5036229

FORM 990 - ORGANIZATION'S MISSION

HBN IS THE LEADING NATIONAL ORGANIZATION ADVOCATING HEALTH-BASED, GREEN
BUILDING STANDARDS THAT REDUCE THE USE OF HIGHLY TOXIC CHEMICALS IN
BUILDING MATERIALS. HBN'S MISSION IS TO TRANSFORM THE MARKET FOR BUILDING
MATERIALS TO ADVANCE BEST ENVIRONMENTAL, HUMAN HEALTH AND SOCIAL PRACTICES.

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

THE PHAROS PROJECT

THE PHAROS PROJECT (PHAROS) IS HBN'S PRIMARY STRATEGY IN SUPPORT OF ITS
MISSION TO TRANSFORM THE BUILDING PRODUCTS MARKET TO PROMOTE BEST
ENVIRONMENTAL, HEALTH AND SOCIAL JUSTICE PRACTICES. PHAROS IS AN ONLINE
SYSTEM, COMPRISED OF THREE (3) MAIN PARTS: BUILDING PRODUCT LIBRARY,
CHEMICAL AND MATERIAL LIBRARY, AND CERTIFICATIONS. TOGETHER, THEY
PROVIDE SUBSCRIBERS TO PHAROS WITH A WEALTH OF INFORMATION ON THE CHEMICAL
COMPOSITION OF SPECIFIC AND GENERIC BUILDING MATERIALS, AND THE HEALTH AND
ENVIRONMENTAL HAZARDS ASSOCIATED WITH THOSE INGREDIENTS. THE CHEMICAL AND
MATERIAL LIBRARY IS AN EXTENSIVE DATABASE OF CHEMICAL HAZARDS, COMPILED
FROM OVER 40 AUTHORITATIVE GOVERNMENTAL AND NONGOVERNMENTAL LISTS. IN
ADDITION, PRODUCT MANUFACTURERS AND OTHER PHAROS USERS CAN ACCESS CHEMICAL
ASSESSMENTS DEVELOPED UNDER THE GREENSCREEN FOR SAFER CHEMICALS IN PHAROS.

THE PUBLIC CAN ALSO ACCESS INFORMATION ESSENTIAL TO UNDERSTANDING BUILDING
MATERIALS AND THE HUMAN AND ENVIRONMENTAL HEALTH HAZARDS ASSOCIATED WITH

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THEIR CONTENTS. DESCRIPTIONS FOR BUILDING PRODUCT CATEGORIES SUMMARIZE THE
KEY ISSUES FOR EACH. THE PHAROS' BLOG, THE SIGNAL, HIGHLIGHTS NEW RESEARCH,
POLICY ISSUES AND MARKET DEVELOPMENTS.

DATA FROM THE PHAROS CHEMICAL AND MATERIAL LIBRARY NOW POWERS A NUMBER OF STRATEGIC PRIVATE SECTOR INITIATIVES THAT ARE CALLING ATTENTION TO THE USE OF TOXIC CHEMICALS IN THE BUILDING PRODUCT SUPPLY CHAIN, INCLUDING BLUEGREEN ALLIANCE'S CHEMHAT APP FOR WORKERS, HEALTH PRODUCT DECLARATION (HPD) COLLABORATIVE'S HPD BUILDERS, THE QUARTZ PROJECT'S COMMON PRODUCT PROFILES AND GOOGLE'S PORTICO.

PORTICO

GOOGLE'S PORTICO IS A CUSTOMIZED BUILDING PRODUCT EVALUATION AND LIBRARY SYSTEM ENGINEERED BY HBN, IN COLLABORATION WITH GOOGLE'S REAL ESTATE AND WORKPLACE SERVICES TEAM. GOOGLE TEAMS USE PORTICO TO SELECT BUILDING MATERIALS CONSISTENT WITH THE CORPORATION'S TRANSPARENCY AND HEALTH CRITERIA FOR CONSTRUCTION PROJECTS WORLDWIDE. IT IS NOW USED BY PROJECT TEAMS IN 20 COUNTRIES TO SCREEN BUILDING PRODUCTS FOR CHEMICAL HAZARDS ON MORE THAN 20 MILLION SQUARE FEET OF REAL ESTATE.

COMPAIR

PHAROS NOW INCLUDES COMPAIR, A CALCULATOR THAT ALLOWS USERS TO MEASURE AND COMPARE THE VOLATILE INGREDIENTS IN PRODUCTS AS APPLIED IN A BUILDING PROJECT. COMPAIR TAKES INTO ACCOUNT HAZARDOUS VOCS EXEMPTED BY THE LEADING VOC CERTIFICATIONS, TO GIVE USERS A MORE ACCURATE PICTURE OF PRODUCT'S

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HEALTH PROFILE.

DATA COMMONS

THE ADVANCED INFORMATION AND COMMUNICATION TECHNOLOGIES THAT HBN PIONEERED IN THE BUILDING INDUSTRY HAVE THE POTENTIAL TO DRIVE GREATER COLLABORATION AND TRANSFORMATION IN OTHER SECTORS. THAT IS WHY HBN IS LEADING AN EFFORT TO CREATE THE DATA COMMONS OPEN INNOVATION PLATFORM, A PLATFORM FOR THE MOST UP-TO-DATE, GLOBAL INFORMATION REGARDING CHEMICAL HEALTH HAZARDS, AND HOW THEY APPLY TO THE PRODUCTS WE MANUFACTURE, SPECIFY AND USE. THE INFORMED CHOICES RESULTING FROM THIS INFORMATION WILL LEAD TO MARKET PREFERENCE FOR HEALTHIER PRODUCTS. THIS CHANGE WILL SHIFT MANUFACTURER INCENTIVES TO CREATE HEALTHIER MATERIALS AND CHEMICALS, DRIVE INNOVATION, FEED ENTREPRENEURSHIP, AND REDIRECT TODAY'S CHEMISTS, MATERIALS SCIENTISTS, ENGINEERS AND INVENTORS IN THE SERVICE OF HEALTHIER OUTCOMES.

BUILDING MATERIALS RESEARCH

OVER THE LAST 15 YEARS, HBN'S RESEARCH DEPARTMENT HAS BECOME THE GO-TO SOURCE FOR DATA AND ANALYSIS OF BUILDING MATERIALS AND HEALTH.

IN 2015, HBN COLLABORATED WITH FLUX FACTORY, GOOGLE AND THINKSTEP ON THE QUARTZ PROJECT, AN EFFORT TO CREATE HEALTH HAZARD AND LIFE-CYCLE PROFILES FOR 100 COMMON BUILDING MATERIALS. QUARTZ COMMON PRODUCTS ARE THE FIRST OPEN DATA SET IN THE BUILDING PRODUCTS SECTOR. HBN LEAD THE DEVELOPMENT OF THE RESEARCH METHODOLOGY, AND RESEARCHED HUNDREDS OF SPECIFIC, NAME-BRAND PRODUCTS TO DETERMINE THE CONTENT OF COMMON PRODUCTS. HEALTH HAZARDS FOR

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QUARTZ PROFILES ARE PULLED FROM THE PHAROS CHEMICAL AND MATERIAL LIBRARY.

HOMEFREE FOR HEALTHY AND AFFORDABLE BUILDING MATERIALS

HOMEFREE IS A NATIONAL INITIATIVE, SUPPORTING AFFORDABLE HOUSING LEADERS
WHO ARE IMPROVING HUMAN HEALTH BY USING LESS TOXIC BUILDING MATERIALS.
HOMEFREE COMPRISES AN ONLINE RESOURCE PROVIDING CRITICAL INFORMATION TO THE
AFFORDABLE HOUSING COMMUNITY, AS WELL AS SIX (6) COMMUNITIES OF PRACTICE,
SPOTLIGHTING ON-THE GROUND DEMONSTRATION PROJECTS ACROSS THE COUNTRY.

LOW-WEALTH FAMILIES ACROSS THE UNITED STATES SUFFER DISPROPORTIONALLY FROM EXPOSURES TO TOXIC SUBSTANCES USED IN BUILDING PRODUCTS. THESE EXPOSURES RESULT FROM CHEMICALS THAT ARE RELEASED INTO THE AIR AND DUST OF HOMES AND SCHOOLS DURING ROUTINE OCCUPANCY AND AS PART OF MAINTENANCE, RENOVATION, AND CONSTRUCTION PROJECTS. EXPOSURES ALSO RESULT FROM TOXIC RELEASES INTO LOW INCOME COMMUNITIES LOCATED ADJACENT TO THE FACTORIES THAT MANUFACTURE THESE PRODUCTS, AS WELL AS THE DUMPS, INCINERATORS AND EVEN RECYCLING FACILITIES THAT PROCESS THESE MATERIALS AFTER THEIR USEFUL LIFE. CHILDREN ARE PARTICULARLY VULNERABLE AND LIKELY TO BE IMPACTED BY THESE TOXINS. FACTORY AND CONSTRUCTION WORKERS ARE SUBJECT TO THE HIGHEST LEVELS OF TOXIC EXPOSURES, SO SPECIFYING HEALTHIER MATERIALS REDUCES NEGATIVE IMPACTS WELL BEYOND THE WALLS OF THE BUILDING. AFFORDABLE HOUSING PROVIDERS SEEKING TO USE LESS TOXIC BUILDING PRODUCTS FACE MANY OBSTACLES, FROM A LACK OF FULL PRODUCT DISCLOSURE TO THE AFFORDABILITY OF HEALTHIER PRODUCTS.

HEALTHY BUILDING NEWS AND THE SIGNAL

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OUR INFLUENTIAL ELECTRONIC PUBLICATIONS, HEALTHY BUILDING NEWS AND THE SIGNAL REACH THOUSANDS OF GREEN BUILDING PROFESSIONALS, AND ARE KEY RESOURCES FOR OPINION LEADERS IN THE FIELD. HEALTHY BUILDING NEWS FOCUSES ON MARKET TRENDS AND POLICY ISSUES THAT IMPACT THE GREEN BUILDING COMMUNITY. THE SIGNAL COMMUNICATES OUR LATEST RESEARCH FINDINGS, AND IS OFTEN THE FIRST TO RAISE NEW ISSUES OF CONCERN.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS EFFECTIVE JUNE 17, 2015, THE BOARD NO LONGER NEEDS TO CONSIST OF AN ODD NUMBER OF DIRECTORS.

THE ORGANIZATION CHANGED THE TERMS OF DIRECTORS. EFFECTIVE JUNE 17, 2015,
BOARD TERMS ARE THREE YEARS, EXCEPT THAT ONE SEAT MAY BE DESIGNATED AN
"AT-LARGE" TERM THAT IS NOT SUBJECT TO THIS LIMIT. DIRECTORS MAY SERVE A
MAXIMUM OF TWO CONSECUTIVE TERMS, EXCEPT THAT A THIRD TERM MAY BE SERVED SO
LONG AS THE BOARD MEMBER HAS SERVED AS INCOMING PRESIDENT (VICE-PRESIDENT),
PRESIDENT, AND IMMEDIATE PAST PRESIDENT. BOARD TERMS SHALL COINCIDE WITH
THE FISCAL YEAR OF THE ORGANIZATION. SUBJECT TO THESE REQUIREMENTS, THE
BOARD MAY ORGANIZE ROTATION OF BOARD TERMS AS IT SEES FIT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE EXECUTIVE DIRECTOR, OPERATIONS DIRECTOR AND FINANCE DIRECTOR REVIEW THE
990 TAX RETURN UPON RECEIPT FROM THE PREPARERS. EACH REVIEWS THE RETURN
SEPARATELY AND THEN MEET TO REVIEW AND ANSWER ANY QUESTIONS EACH PERSON MAY
HAVE. A COPY OF THE 990 IS ALSO FORWARDED TO THE AUDIT COMMITTEE FOR REVIEW
AND SUBSEQUENTLY TO THE REST OF THE BOARD OF DIRECTORS. WHEN THE REVIEW
PROCESS IS COMPLETE AN OFFICER OF THE ORGANIZATION THEN SIGNS THE RETURN.

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FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS P	OLICY
THE ORGANIZATION ANNUALLY REVIEWS THE CONFLICT OF INTERE	ST POLICY WITH THE
BOARD OF DIRECTORS AND KEY EMPLOYEES. THE ORGANIZATION	REQUIRES DISCLOSURE
OF ANY INTERESTS THAT MAY PRESENT A CONFLICT OF INTEREST	1
OF ANT INTERESTS THAT MAT PRESENT A CONFLICT OF INTEREST	•••••••••••••••••••••••••••••••••••••••
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR T	OP OFFICIAL
A. THE SALARY OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNU	ALLY BY THE BOARD
OF DIRECTORS.	
B. KEY EMPLOYEES SALARY AMOUNTS ARE REVIEWED BY THE EXEC	UTIVE DIRECTOR ON
AN ANNUAL BASIS.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR O	FFICERS
A. THE SALARY OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNU	ALLY BY THE BOARD
OF DIRECTORS.	
B. KEY EMPLOYEES SALARY AMOUNTS ARE REVIEWED BY THE EXEC	UTIVE DIRECTOR ON
AN ANNUAL BASIS.	
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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	URE EXPLANATION
DOCUMENTS ARE AVAILABLE UPON REQUEST.	

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