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BCA

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2011 calendar year, or tax year beginning Jul 01, 2011, and ending Jun 30, 2012 C Name of organization HABITAT FOR HUMANITY D Employer identification number Doing Business As THE WIND RIVER COUNTRY 83-0318025 Address change Number and street (or P O box if mail is not delivered to street address) Room/Suite E Telephone number Name change PO BOX 1543 307-857-2997 Initial return City or town, state or country, and ZIP + 4 G Gross receipts Terminated 152557. RIVERTON WY 82501 Amended return H(a) Is this a group return Application SCHLICHTING Name and address of principal officer DON Yes X No for affiliates? pending 20 EAGLE ROAD RIVERTON WY 82501 H(b) Are all affiliates included?
If "No", attach a list Tax-exempt status X 501(c)(3) 501(c)() **∢** (insert no) 4947(a)(1) or 527 Yes | No (see instructions) J Website: ▶ www.windriverhabitat.org H(c) Group exemption number L Year of formation 1997 Corporation Trust K Form of organization Association M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities PROVIDE HOUSING FOR LOW INCOME FAMILIES Activities & Governance Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 8 5 Total number of volunteers (estimate if necessary) . 6 100 Total unrelated business revenue from Part VIII, column (C), line 7a Net unrelated business taxable income from Form 990-T, line **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 154843 94118. 63941 58404. 9 Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, -1758410 35. **√4**. and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9ξοβς, and 11e) Total revenue - add lines 8 through 11 (must equal Part Vitte column (A) line 12) 201200 152557. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 203 Benefits paid to or for members (Part IX, column (A), line 4) 102488 82084. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4410 16a Professional fundraising fees (Part IX, column (A), line 11e) . 737. b Total fundraising expenses, (Part IX, column (D), line 25)▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 50379 50224. 157480. 132308. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 43720 20249. Beginning of Current **End of Year** 691315 797714. 20 Total assets (Part X, line 16) 160587. 74436. Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 22 616879. 637127 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declar rep (other than officer) is based on all information of which preparer has any knowledge Sign Signature of offer Date Here Type or print name and title Paid Print /Type preparer's name éparér's signature∕), Check I if **PTIN** self-employed P00184872 Preparer TERI-ANNE MOORE CLIFFORD H MOORE Firm's EIN▶ 83-0239005 **Use Only** Firm's name AND 205 S BROADWAY Firm's address ▶ Phone no RIVERTON WY 82501 307-856-9214 May the IRS discuss this return with the preparer shown above? (See instructions) Yes

US990\$\$1

Form **990** (2011)

For	n 990 (2011) HABITAT FOR HUMANITY	83-03	1802	5	Page 2
Pa	rt III Statement of Program Service Accomplishments				
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission. BUILDS HOUSES FOR LOW INCOME FAMILIES		• • •	<u></u>	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?			res 🛚	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv if "Yes," describe these changes on Schedule O	rices? .	[] \	∕es 🏻	No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the and allocations to others, the total expenses, and revenue, if any, for each program service reported		-	xpenses	
4a	(Code.) (Expenses \$ 61220 . including grants of \$)	(Revenue \$		<u> </u>	
	BUILDING HOUSES FOR LOW INCOME FAMILIES WITH DONATED SERVICES, COSTS INCURRED FOR CURRENT YEAR ARE INCLUBED SHEET IN OTHER ASSETS. AMOUNT IS \$\frac{7}{2}5071, PART OF OTHE	ED ON	BALAN	VČE	61.
4b	(Code) (Expenses \$56406. including grants of \$)	(Revenue \$_		582	
	DONATED BUILDING MATERIALS ARE SOLD IN THE RESTORE T	O THE 1	PUBLI	C	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$			
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$)(Revenue \$)		
4e	Total program service expenses▶ 117626.		Form	n 990 (2011)

83-0318025 Page 3 Form 990 (2011) HABITAT FOR HUMANITY Part V Checklist of Required Schedules No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х 1 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . 2 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 Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in Χ effect during the tax year? If "Yes," complete Schedule C, Part II . . . 4 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 98-197 If "Yes," complete Schedule C. Part III Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Χ Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 Χ Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . Χ 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V ... 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Χ 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more C Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X... X 116 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if

20a

Form 990 (2011)

X

X

X

X

X

X

X

Χ

Х

12b

13

14a

14b

15

16

17

18

19

13

16

17

the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
_	to defease any tax-exempt bonds?	. 24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) 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			
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ŀ
	990-EZ? If "Yes." complete Schedule L, Part I	25b		X
26		250		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		Х
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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			X
	of any of these persons? If "Yes", complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		;	Sec. 2.29
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Λ.
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			.,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		i	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		For	m 990	(2011)

· P	art V Statements Regarding Other IRS Filings and Tax Complianc	e					
	Check if Schedule O contains a response to any question in this Part V						
		1			F 5	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	.	1a	0	—[ˈ <i>Ṣ</i> ;		1
b	• • • • • • • • • • • • • • • • • • • •	٠ . ل	1b		 	• ~ ·	4-5
С	Did the organization comply with backup withholding rules for reportable payments to ve	endors and re	ропа	bie			
•	gaming (gambling) winnings to prize winners?	1	1	•	1c	+ +	+
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		20	8	3		
	Statements, filed for the calendar year ending with or within the year covered by this return to the calendar year ending with or within the year covered by this return to the calendar year ending with or within the year covered by this return to the calendar year ending with or within the year covered by this return to the calendar year ending with or within the year covered by this return to the calendar year ending with or within the year covered by this return to the calendar year ending with or within the year covered by this return to the calendar year ending with or within the year covered by this return to the calendar year.	_	2a			X	- "
D	If at least one is reported on line 2a, did the organization file all required federal employs Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see			•	2b	Λ	+
2.	Did the organization have unrelated business gross income of \$1,000 or more during the		>)		3a	·'	X
					3b	1	+-
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedu At any time during the calendar year, did the organization have an interest in, or a signat		autha	· · ·	30	 	 -
44	a financial account in a foreign country (such as a bank account, securities account, or of				4a		X
h	If "Yes," enter the name of the foreign country	tilei iiilaliola	accc	unty.	74	 -	+
U	See the instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk and Finan	cial A	ccounts	-		
52	Was the organization a party to a prohibited tax shelter transaction at any time during the				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sh			••••	5b	1	$\frac{1}{X}$
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	nonor transat	30111		5c	 	
	Does the organization have annual gross receipts that are normally greater than \$100,00	 On and did th	 18	• ••	00	 	
Ju	organization solicit any contributions that were not tax deductible?	o, and did ti			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such	 ch contributio	ons or	•	 	1	
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).			·		, 5	
	Did the organization receive a payment in excess of \$75 made partly as a contribution an	nd partly for o	oods		. 1	1 .	1
-	and services provided to the payor?				. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provide	ed?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for		ıs				
	required to file Form 8282?				. 7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d		3 1	रू र	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a person	nal benefit co	ontrac	:t?	7e	<u></u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal to	benefit contra	act?		. 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization	zation file Fo	rm 88	99 as require	ed <mark>7g</mark>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did	the organiza	tion fi	le a		İ	
	Form 1098-C?		-		. 7h	<u></u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) s	supporting			[7]	[1]	1
	organizations. Did the supporting organization, or a donor advised fund maintained by a	sponsoring	organ	ization,	35.7	<u> </u>	
	have excess business holdings at any time during the year?				. 8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a		 -
þ	Did the organization make a distribution to a donor, donor advisor, or related person?				9b	P 700 2 T	
10	Section 501(c)(7) organizations. Enter	1 1				200	7 4 2
	Initiation fees and capital contributions included on Part VIII, line 12	. 10a					I Take
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1	1
11	Section 501(c)(12) organizations. Enter:	144.1					
_	Gross income from members or shareholders	. 11a					H
þ	Gross income from other sources (Do not net amounts due or paid to other sources	445				1	No.
	against amounts due or received from them)	11b	1044	2	<u> </u>		ا تمقشا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	1 1	1041	' · · · · · ·	12a	250	1132
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 12b					計會
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				. 13a	Pia Mai	经之難
a	Is the organization licensed to issue qualified health plans in more than one state?				. isa	F. 15.1	[五]
L	Note. See the instructions for additional information the organization must report on Sche					N N	1.4
O	Enter the amount of reserves the organization is required to maintain by the states in which	сп 13b				<u> </u>	القشقة
_	the organization is licensed to issue qualified health plans	13D			-		
	Did the organization receive any payments for indoor tanning services during the tax year				. 14a	-	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation				14b	ļ <u></u>	<u> </u>
U	in res, has it lieu a norm rzo to report these payments rit. No, provide an explanation	i in ocheuule	.		[+0]	I	1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 1ь b Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, or trustees, or key employees to a management company or other person?. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a Did the organization have a written conflict of interest policy? If "No", go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? . . . 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? 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 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 > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Don request 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, physical address, and telephone number of the person who possesses the books and records of the

WY 82501 307-857-2947

organization ►ERIN SHIRLEY

POBOX 1943 RIVERTON

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless

of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

Check the box in notice the organization.	(C)		<u> </u>	<u> </u>	<u> </u>					
					r, ition			ļ		
	1	(40.5				than	000			
(4)	(B)	,				ıs botl		(D)	(E)	(F)
(A)	(B)			-					1	(F) Estimated
Name and Title	Average		_	Τ.	ī	or/trus		1 ·	Reportable	
	hours per	Individual trustee or director	Institutional trustee	Officer	Key employee	E High	Former	compensation	compensation from related	amount of other
	week	F of	it ut	ह	en	j jes	ner	from the		compensation
	(describe hours for	학교	<u>ရ</u>		흥	88		organization	organizations (W-2/1099-MISC)	from the
	related	Su	=		yee	퀽		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organiza- tions in	tee	ıste	İ	-	ens		(**-2/1099-101130)		and related
	Sch O)		Õ			Highest compensated employee				organizations
(1) ERIN SHIRLEY	f									organizations
EXEC DIR	40				Χ	X		38600.	0	0
(2) DON SCHLICHTING										
PRESIDENT	1	X						0	0	0
(3)LORI GRIFFIN										
VICE PRES	1	X						0	0	0
(4)CHARLIE WILSON										
SECRETARY	1	X						0	0	00
(5)SCOTT ESTEP										_
TREASURER	1	X						0	0	0
(6)LORRAINE ARMSTRONG								_	_	_
MEMBER		X						0	0	0
(7)TERRY SETTLEMIR€										•
MEMBER		Х						0	0	0
(8) REBECCA ALEXANDER										•
MEMBER		X						0	0	0
(9) PAT STOEHR										•
MEMBER		X						0	0	0
(10)PAM SPENCER			- 1					_	_	^
MEMBER		Х						0	0	0
(11)										
(12)							\dashv			
		l								
(13)										
(14)						-	\dashv			

Part \	Section A. Officers, Director	s, Trustees	s, Key	Empl	oye	es, a	and H	lighe	st Compensated E	mployees (conti	nued)
•	(C)										
			ŀ		Posi						
	(A)	(B)		ot che unless					(D)	(E)	(F)
	Name and title	Average		er and					Reportable	Reportable	
		hours per		T	1		1	T	compensation	compensation	
		week	₫₫	nst	Officer	ξey.	葡萄	Former	from	from related	
		(describe	Individual truste or director	Institutional trustee	ě	employee	oy ie	ॡ	the	organization	
		hours for	호프	8	İ	흥	88		organization	(W-2/1099-MIS	1 '
		related	S	=		yee	콩		1	(44-27 1099-1011)	· 1
		organiza- tions in	te	ışt	1		l ens	ľ	(W-2/1099-MISC)		organization
		Sch O)		ñ			Highest compensated employee	1			and related
(4.5)			 		-			-			organizations
(15)		-									
		ļ		ļ	ļ		 -	 			
(16)		_									
(17)	 		!				ŀ				
	······································							igspace			
(18)								ΙÌ			
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(19)		_									
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(20)		4							İ		
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<u>(21)</u>		4									
		ļ									
(22)											
(23)						l					•
						_	_				
(24)]									
(25)											
		l									
1b Sub-	total		-					▶	38600.	0	0
c Total	from continuation sheets to Part \	/II, Section	ı A					>	0	0	0
	(add lines 1b and 1c)							▶	38600.	0	0
2 Total	number of individuals (including but	not limited (to thos	e liste	d ab	ove) who	rece	eived more than \$100	0,000 of reportat	le compensation
from	the organization ▶										
											Yes No
3 Did th	ne organization list any <mark>former</mark> officer	, director, c	r trust	ee, ke	y en	nplo	yee, o	r hig	hest compensated		لــالنـالنـا
emple	oyee on line 1a? If "Yes," complete S	chedule J f	or suc	h ındiv	ridua	ıl					3 X
4 For a	ny individual listed on line 1a, is the s	um of repo	rtable	comp	ensa	tion	and o	other	compensation from		THE REAL PROPERTY.
the o	rganization and related organizations	greater tha	ın \$15	0,000	? If "	Yes	," com	plete	e Schedule J for suci	h	
ındıvi	dual										4 X
5 Did a	ny person listed on line 1a receive or	accrue cor	npens	ation f	rom	any	unrela	ated	organization or indiv	idual for	
servio	ces rendered to the organization? If "	res," comp	lete So	chedul	le J f	for s	uch p	ersoi	n		5 X
Section 6	3. Independent Contractors										
1 Comp	plete this table for your five highest co	mpensated	ındep	ende	nt co	ntra	ctors	that	received more than S	100,000 of	
comp	ensation from the organization Repo	rt compens	ation	for the	cale	enda	r yea	r end	ling with or within the	organization's	ax year
(A) (B) (C)											
	Name and business address Description of services Compensation										
NONE											
											
						-					
					-						
2 Total	number of independent contractors (i	ncludina bu	ıt not l	ımited	to ti	hose	listed	d abo	ove) who received me	ore than	THE STREET
	000 in compensation from the organi							-	,		時期轉動數計

Par	t VII	Statement of Revenue				
	18. v.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, girts, grants, and similar amounts not included above Noncash contributions Included in lines 1a-11 State of the contributions included a lines 1a-11 State of the contributions included a lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions included in lines 1a-11 State of the contributions in line of the cont				
Cor	h	rocluded in lines 1a-1f Total. Add lines 1a-1f	94118.		,	
	2a b	RESTORE SALES LATE FEES AND CHGS	- ,	58205.		
Sei	°.				·	
Program Service Revenue	d e					
	f	All other program service revenue	50404			
	g	Total. Add lines 2a-2f ▶	58404.		·	
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	35.	35.		
	6a b	(I) Real (II) Personal Gross rents Less rental expenses Rental income				,
	C	or (loss) · · · · ·		<u></u>	i	
	ď	Construction of the constr		<u> </u>		
	7a b	sales of assets other than inventory				
		Gain or (loss)			8 ac	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
ther R		See Part IV, line 18 a Less: direct expenses b				
0	9a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 .a Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶ Gross sales of inventory, less	- 4/3			S.H.
		returns and allowances a Less cost of goods sold b Net income or (loss) from sales of inventory >				
	11a	Miscellaneous Revenue Business Code	- 18 - 18 - E	- 11 F 244 - 111	State of the state of the same	
	b b					
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. ▶			VERMAN	S.M. K. S.C. VI
ŀ	14	See instructions	152557.	58439.		

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) but are not required to complete columns (B), (C) and (D)

con	plete columns (B), (C) and (D) Check if Schedule O contains a response to	any guestion in this F	Part IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and org]-		gonoral expenses	- CAPONOCO
	anizations in the United States See Part IV, line 21	1		1	1
2	Grants and other assistance to individuals in				1 1
	the United States See Part IV, line 22.			, , , , , , , , , , , , , , , , , , , ,	1.
3	Grants and other assistance to governments,			7	1
	organizations, and individuals outside the				#
	United States See Part IV, lines 15 and 16			·	1
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,				
	trustees, and key employees	38600.	38600.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	32121.	32121.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	·			
10	Payroll taxes	11363.	11363.		
11	Fees for services (non-employees)				
а	Management				
b	Legal	675.	675.		
C	Accounting	4505.		4505.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 1	7	<u></u>		
f	Investment management fees				
g	Other	28.			
12	Advertising and promotion	1794.			
13	Office expenses	2727.	2727.		
14	Information technology				
15	Royalties	11491.	11491.		
16 47	Occupancy	3739.	3739.		
17 40	Travel	3/39.	3739.		
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials				
20		2291.	2291.		
20 21	Payments to affiliates	1000.	1000.		
22	Depreciation, depletion, and amortization	9440.	1000.	9440.	
23	Insurance	5799.	5799.	2110.	
24	Other expenses. Itemize expenses not covered				A State of the sta
	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)				
а	BANK CHARGES	1736.	1736.	The state of the s	The second secon
b	LOAN FEE AMORTIZATIO	197.	197.		
C	DUES AND SUBSCRIPTIO	620.	620.		
d	APPLICANT EXPENSE	57.	57.		
е	All other expenses.	4125.	3388.		737.
25	Total functional expenses. Add lines 1 through 24e	132308.	117626.	13945.	737.
26 J	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation				
	heck here if following SOP 98-2 (ASC 958-720)				
BCA		US990\$10			Form 990 (2011)

Pa	irt X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		-	
`				(A)		(B)
				Beginning of year	1	End of year
	1	Cash - non-interest-bearing		10694.	1	5911.
	2	Savings and temporary cash investments		54082.	2	43967.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, du	rectors, trustees, key	The state of the s	.g.2 + 12	25 4 45 5
		employees, and highest compensated employee			5	
	6	Receivables from other disqualified persons (as defined under sidescribed in section 4958(c)(3)(B) and contributing employers a of section 501(c)(9) voluntary employees' beneficiary organization.	ection 4958(f)(1)), persons nd sponsoring organizations	The same of the sa	6	
Ş	7	Notes and loans receivable, net .	•	519781.	7	491165.
Assets	8	Inventories for sale or use .			8	
ĕ	9	Prepaid expenses and deferred charges			9	185.
	10a	Land, buildings, and equipment cost or other		Fig. 1. Car Soll	-	, , , , ,
		basis Complete Part VI of Schedule D .	10a 209430.	ا منه المناسبة المناس	ار ان کی اند سام	1
	Ь	Less. accumulated depreciation	10b 20605.	64168.	10c	188825.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line :	I1		12	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets	1000.	14	1000.	
	15	Other assets See Part IV, line 11		41590.	15	66661.
	16	Total assets Add lines 1 through 15 (must equa	ıl iine 34)	691315.	16	797714.
	17	Accounts payable and accrued expenses .		1555.	17	771.
	18	Grants payable			18	
	19	Deferred revenue			19	<u> </u>
	20	Tax-exempt bond liabilities		20		
ģ	21	Escrow or custodial account liability Complete P	10638.	21	12097.	
Liabilities	22	Payables to current and former officers, directors	N. P. C. S. S. S. S. S. S. S. S. S. S. S. S. S.	FF 2	NEW THE TOTAL	
api		employees, highest compensated employees, an	Mark State of the	1441	t with the last	
	i	persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelat	ed third parties	62243.	23	147719.
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	rables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X			
		of Schedule D			25	
	26	Total liabilities Add lines 17 through 25		74436.	26	160587.
		Organizations that follow SFAS 117, check he	re▶ X and			
es		complete lines 27 through 29, and lines 33 and	d 34.			
anc	27	Unrestricted net assets		616879.	27	637127.
3ali	28	Temporarily restricted net assets			28	
Þ.	29	Permanently restricted net assets	<u></u> [29	
Ξ		Organizations that do not follow SFAS 117, ch	neck here ▶			
ō		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
\ss	31	Paid-in or capital surplus, or land, building, or equ	upment fund		31	
et /	32	Retained earnings, endowment, accumulated income	ome, or other funds \dots		32	
Ž	33	Total net assets or fund balances		616879.	33	637127.
	34	Total liabilities and net assets/fund balances		691315.	34	797714.

Form **990** (2011)

Form	990 (2011) HABITAT FOR HUMANITY	83-033	18025	Pa	ge 12
Pai	Reconciliation of Net Assets				-
	Check if Schedule O contains a response to any question in this Part XI	·· · · ·	<u></u> .		$ \prod$
1	Total revenue (must equal Part VIII, column (A), line 12)	11		1525	557.
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	1323	308.
3	Revenue less expenses Subtract line 2 from line 1	3	-	202	249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(5168	379.
5	Other changes in net assets or fund balances (explain in Schedule O)	. 5			-1.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				-
	column (B))	6	6	5371	L27.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 📗 Accrual 📗 Other		_ [-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	inger"	
	Schedule O		* · ·	·	·
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selected process during the tax year, explain in		يو درخو		2 .
	Schedule O				1
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were				
	issued on a separate basis, consolidated basis, or both		1	1.4	, i)-
	Separate basis Consolidated basis Both consolidated and separate basis		ا م ترث ما	-11	L
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		<u> </u>
			Form	990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization **Employer identification number** HABITAT FOR HUMANITY 83-0318025 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III - Other b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (vii) Amount of (iii) Type of organization (iv) is the organ-(V) Did you (vi) is the organization (described on lines 1-9 organization in support ization in col notify the above or IRC section (i) listed in your organization in col (i) (see instructions)) governing col (i) of your organized document? support? in the U.S? Yes No Yes No Yes No (A) (B) (C) (D) (E) **Total**

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	tion A. Public Support	·		·		·	,		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")	84405.	117579.	153420.	213709.	94118.	663231.		
2	Tax revenues levied for the organization's								
	benefit and either paid to or expended on	i							
	ıts 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	84405.	117579.	153420.	213709.	94118.	663231.		
5	The portion of total contributions by each	, , }				7			
	person (other than a governmental unit	<u>" </u>	1			,			
	or publicly supported organization)	Take 4	·	į	2	~ - {			
	included on line 1 that exceeds 2% of								
	the amount shown on line 11,	A.A.	ا ہے ما	, 4	,				
	column (f)		<u></u>			تكنف تعتب عرب	274385.		
6	Public support. Subtract line 5 from line 4	T. J. J.	<u> </u>				388846.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	84405.	117579.	153420.	213709.	94118.	663231.		
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties and income from similar								
	sources	2531.	776.	365.	376.	35.	4083.		
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 IV)								
11	Total support. Add lines 7 through 10 .	[2] [2]	العسينية علا		<u> </u>		667314.		
	Gross receipts from related activities, etc. (see					12	269265.		
13	First five years. If the Form 990 is for the orga								
	organization, check this box and stop here					<u> </u>	🕨		
	tion C. Computation of Public Supp				__	- 			
	Public support percentage for 2011 (line 6, cold				F	-	58.27 %		
	Public support percentage from 2010 Schedule				_		65.51 %		
16a	33 1/3% support test - 2011. If the organization						. 12		
	and stop here The organization qualifies as a								
Ь	33 1/3% support test - 2010. If the organizatio						box		
	and stop here. The organization qualifies as a						▶ 📋		
17a	10% facts-and-circumstances test - 2011. If (•							
	is 10% or more, and if the organization meets t			•	•	•			
	in Part IV how the organization meets the "facts			•	, ,		. 🗆		
	organization						. ▶ ∐		
b	b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
	15 is 10% or more, and if the organization mee			•	•				
	Explain in Part IV how the organization meets to			-			. \Box		
	supported organization						▶ ∐		
18	Private foundation. If the organization did not						. \Box		
	instructions								
					Schedule	e A (Form 990 o	r 990-EZ1 2011		

US990A\$2

P	ort III Organiz		g Collections of A	rt, Historical Treas	ures, or Other Sim	ilar Assets	<u></u> ;
3		-/	n, and other records, che	eck any of the following t	hat are a significant use	of its collection	n ıtems
	(check all that apply)		.,	55 2) 5 75 5 g .	are a signmount acc		
a				d Loan or exchar	nge programs		
t	Н :	h		d Loan or exchare Other	.go programo		
-	H - '			<u> </u>			
4	_	-	ections and explain how	they further the organization	ation's exempt numose i	n Part XIV	
5				, historical treasures, or o			
	- ·	han to be maintained as			other similar assets to be	Yes	No
Pa				plete if the organization a	newered "Yes" to Form		
		d an amount on Form 9		piete ii tile organization a	answered res to rollin	1950, 1 21(10,	inic 3,
12				or contributions or other	assets not included		
٠.	on Form 990, Part X?	-	n or other intermediary i	or continuations of other	assets not included	Yes	No.
	·	rrangement in Part XIV a		a toblo		∐ res	FJ NO
L.	n res, explain the al	rangement in Fait Arv a	ind complete the following	ig table		A ====	
_	Daggarana balansa				40	Amot	mt
	Beginning balance				1c		
	Additions during the year			• •	1d		
	Distributions during the	e year .			1e		
	Ending balance .			•• •	[1f]	M	
	-	iclude an amount on Fo	m 990, Part X, line 217	•	• • •	X Yes	∐ No
	If "Yes," explain the ar						
F	art V Endowr	,		nswered "Yes" to Form		1 =	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	
1a	Beginning of year						
	balance					2.021027	DI WALEST
	Contributions		<u> </u>			24- 44	
С	Net investment earn-						
	ings, gains, and losses					Contraction and and and	لمحافظت عددور
	Grants or scholarships .					separation and	
е	Other expenditures					## A = 2	
	for facilities and						a in a containe
	programs						
f	Administrative						
	expenses	<u> </u>					3.1552
g	End of year balance .				<u> </u>	1 4 30 44 40	
2	Provide the estimated j	percentage of the year e		d as			
а	Board designated or qu	uasi-endowment 🕨	0.00 %				
b	Permanent endowment		%				
С	Temporarily restricted e	endowment ► <u>0.</u>	<u>00 </u>			_	
	The percentages in line	es 2a, 2b, and 2c should	equal 100%]
3a	Are there endowment f	funds not in the possess	ion of the organization th	nat are held and administ	tered for the organization	ı by	Yes No
	(i) unrelated organization	tions				3a(i)	
	(ii) related organization	ns				3a(ii)	
b	If "Yes" to 3a(ii), are the	e related organizations I	isted as required on Sch	edule R?		3b	
4	Describe in Part XIV the	e intended uses of the o	rganization's endowmen	nt funds.		•	
Pai	rt VI Land, Bu	uildings, and Equi	pment. See Form 9	90, Part X, line 10			
	Description of i	nvestment	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book	value
			basis (investment)	basis (other)	Depreciation		
1a	Land		· · · · · · · · · · · · · · · · · · ·				
	Buildings		186,102.		8,663.	177,	439.
	Leasehold improvemen		 		·		
	Equipment		20,002.		11,427.	8,	575.
	• •		3,326.		515.	<u> </u>	811.
			·	lumn (B), line 10(c).)			825.
							

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line	12	, 49
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)	·			
(B)				
(C)				
(D)		<u> </u>		
(E)		 		
(F)				
(G)				
<u>(H)</u>			- 	
(I)	- (h)		F	DOMESTA CONTROL DE LA PARENTE
	n (b) must equal Form 990, Part X, col (B) line 12)		FOR AND MAIN	ACCUMENTAL PARTY OF THE
Part VIII		e Form 990, Part X, line		
	(a) Description of investment type	(b) Book value	(c) Method of v	
(1)				
(2)				
(3)				
(4)	-			
(5)				
(6)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets. See Form 990, Part X, line 15	· · · · · · · · · · · · · · · · · · ·		
	(a) Descript	ion		(b) Book value
(1) OTHER	ASSETS			• • • • • • • • • • • • • • • • • • • •
(2) LOTS	ACQUIRED FOR FUTURE DEVELOP	MENT		41,590.
(3) INFRA	STRUCTURE COSTS ON HOUSE UN	DER CONSTRUC	CTION	25,071.
(4)				
(5)				
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)		·		
(9)				
(10)	40.			66 661
Part X	o (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line	OF	· · · · · · · · · · · · · · · · · · ·	66,661.
rait A	(a) Description of Liability			
(1) Federal Inc		(b) Book value		
(2)	Some Taxes			
(3)				
(4)				
(5)				•
(6)			A second	
(7)				
(8)				
(9)				
10)				
11)				
	(b) must equal Form 990, Part X, col (B) line 25) ▶			
	C 740) Eastrate In Bort VIV provide the text of the fe		-1-6	4 44

Sch	edule D (Form 990) 2011 HABITAT FOR HUMANITY	<u> 33-0.</u>	318025	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Finance	ial St	atements	
1.	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year Subtract line 2 from line 1	. 3		
4	Net unrealized gains (losses) on investments	. 4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	. 7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	. 9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per	r Return	
1	Total revenue, gains, and other support per audited financial statements	L	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ļ		
а	Net unrealized gains on investments		1	
b	Donated services and use of facilities		i	
С	Recoveries of prior year grants		j	
ď	Other (Describe in Part XIV) 2d		i	
е	Add lines 2a through 2d	- :	2e	
3	Subtract line 2e from line 1	L	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ľ		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)		긔	
С	Add lines 4a and 4b	ļ	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exper	ıses p	er Return	
1	Total expenses and losses per audited financial statements	_	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ŀ		
а	Donated services and use of facilities 2a			
b	Prior year adjustments		<u>al</u>	
С	Other losses		**	
d	Other (Describe in Part XIV)		<u> </u>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	E.	F	
а	Investment expenses not included on Form 990, Part VIII, line 7b		<u>:</u>]	
b	Other (Describe in Part XIV)		* 1	
C	Add lines 4a and 4b	⊢	lc	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	
	t XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, li	nes 1b a	and 2b, Part V, I	ıne 4,
	X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to prov	ide any	additional inform	nation
SCI	H D, PART IV, LINE 1b AND 2b:			
THE	E ORGANIZATION SELLS HOUSES BUILT WITH DONATED FUNDS TO	<u>NEW</u>		
HON	MEOWNERS. THE HOMEOWNERS PAY INTO ESCROW ACCOUNTS FOR	<u>INSU</u>	RANCE	
_				
<u>ANI</u>	PROPERTY TAXES.			
	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE 0

·(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2011

Open to Public Inspection

OMB No 1545-0047

▶ Attach to Form 990 or 990-EZ.

HABITAT FOR HUMANITY	83-0318025
PART VI, QUESTION 11b:	
THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE FILIN	G.
PART VI, QUESTION 15a AND 15b:	
THE BOARD OF DIRECTORS SETS THE SALARY OF THE EXECUTIVE	DIRECTOR.
PART VI, QUESTION 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FORMS	AVAILABLE TO
THE PUBLIC UPON REQUEST.	
PART XI, PAGE 12, LINE 5:	
ROUNDING \$1	