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SCA. ""ED 3EP 15 2018

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Deportment of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Ā	For t	he 2014	calendar year, or tax year beginning Jul 01, 2014, ar	nd ending	Ju	n 30 <b>,20</b> 15					
В	Check rapplical	f ble	C Name of organization HABITAT FOR HUMANITY	D Employer id	- entificati	ion number					
		s change	Doing Business as THE WIND RIVER COUNTRY	83-	-031	8025					
Ħ	Name o	change	Number & street (or P O box if mail is not delivered to street address) Room/suite	E Telephone nu	ımber						
H		tial return PO BOX 1543 307-857-2997									
님	Final re		City or town, state or province, country, and ZIP or foreign postal code	Gross		458898.					
뉘	/termina	ated		receipts	\$						
H	Amende Applicat	ed return tion	RIVERTON WY 82501	H(a) Is this a	group re						
	pending		F Name and address of principal officer TAMMY LEISY	for subo	rdinates?	Yes 🔀 No					
			1709 WEST MAIN RIVERTON WY 82501			tes included?					
1 3	Tax-exe	empt statu	s X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or 52	7 If "No," at	tach a list uctions)	Yes No					
J	Websit	e: <b>▶</b>	www.windriverhabitat.org	· .	emption ni	umber 🕨					
K	Form of organization X Corporation Trust Association Other L Year of formation 1997 M State of legal domicile WY										
	art I		nmary		1 0.0						
_	1		describe the organization's mission or most significant activities. PROVIDE	HOUSTNG FO	NR I.	OW INCOME					
	'		LIES	MOODING IC	<u> </u>	OW TINCOLLE					
မွ		LAUIT	TIES			<del></del>					
ä											
Ę			r								
Activities & Governance	2	Check to	his box 🕨 🔲 if the organization discontinued its operations or disposed of more	than 25% of its net	assets						
9	3	Number	of voting members of the governing body (Part VI, line 1a)		3	7					
ŝ	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	7					
ij	5		imber of individuals employed in calendar year 2014 (Part V, line 2a)		5	8					
ੜ	6		imber of volunteers (estimate if necessary)		6	100					
Ä	7 a		related business revenue from Part VIII, column (C), line 12	•	7a						
	ſ		• • • •	• •	7b						
	b	Net unre	elated business taxable income from Form 990-T, line 34	<u> </u>	1/6						
	i .	_		Prior Year	-	Current Year					
ē	8	Contribu	itions and grants (Part VIII, line 1h)	18263		117416.					
ē	9	Program	n service revenue (Part VIII, line 2g)	7153		191666.					
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	-2174		-19958.					
<b>LL</b>	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	612	29.						
	12	Total rev	venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23855	4.	289124.					
			and similar amounts paid (Part IX, column (A), lines 1-3)	72	25.						
	ŀ		paid to or for members (Part IX, column (A), line 4)	··							
,,	i		, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8471	97095.						
Ses				0171	-	3,033.					
en			onal fundraising fees (Part IX, column (A), line 11e)								
Expenses			ndraising expenses (Part IX, column (D), line 25)▶	0000		3.701.0					
			penses (Part IX, column (A)) Imes 11a-11d, 11f-24e)	8263		168155.					
	18	Total e्र	penses Adddines 13-175 (musCequal Part IX, column (A), line 25)	16807		265250.					
	19	Revention	less expenses Subtract line 18 from line 12	7048		23874.					
2 8		1		Beginning of Curro Year	ent	End of Year					
Net Assets or Fund Balances	20	Total as	sets (Part X line) 16), UT	77582	2.	799701.					
A B	21	Total liai	bilities (Part X, line 26)	4431	7.	44322.					
ള			ets or fund balances. Subtract line 21 from line 20	73150	5.	755379.					
	ırt II		nature Block								
			rjury, I declare that I have examined this return, including accompanying schedules and statem	anta and to the best of	e mulana	······································					
			orrect, and complete Declaration of preparer (other than officer) is based on all information of v								
				1							
<b>~</b>		-	Jammy Leily	l							
Sig		! - 3	Signature of officer	Date	} //~ //	-					
He	re	-	Jammy Leist Tresident	7- <i>3</i>	<u> </u>						
		<b> </b>   <b> </b>	Type or print hame and title								
Pai	d		/Type preparer's name Preparer's signature Date /	/ Check	if	PTIN					
Pre	parer	·   TE	RI-ANNE MOORE	7/5 self-em	oloyed	P00018487					
Use Only Firm's name ► CLIFFORD H MOORE & COMPANY Firm's EIN ► 83-0											
	•		s address ▶ 205 S BROADWAY			356-9214					
		1	RIVERTON WY 82501			<del></del>					
			· · — · · · · · · · · · · · · · · · · ·								

BCA

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

Form **990** (2014)

Forr	n 990 (2014) HABITAT FOR HUMANITY	83-03180	)25 F	age 2
Pa	Statement of Program Service Accomplishments  'Check if Schedule O contains a response or note to any line in this Part III			
1				
2	Did the organization undertake any significant program services during the year which were not listed of the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	n [	Yes X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program self "Yes," describe these changes on Schedule O	ervices?	Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported			
4a	(Code	RS. HABITA		
4b	(Code) (Expenses \$ including grants of \$	) (Revenue \$		) 
4c	(Code) (Expenses \$ including grants of \$	) (Revenue \$		<u> </u>
4d 	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ )(Revenue \$			
4e	Total program service expenses ▶ 265250.	<i>'</i>		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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	ļ	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 "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Х
_	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,"	8		X
_	complete Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation	9	Х	
40	services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted	<b>-</b>		
10	endowments, permanent endowments, or quasi-endowments? If "Yes", complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		li serie	
••	VII, VIII, IX, or X as applicable	72	10.5	A CONTRACTOR
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1145.2	3.75.25 7.36.67	1, 2, 2, 5
•	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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 statement for the tax year? If "Yes," and if	1		.,
	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		_ <u>^</u>
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		Х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance	140		
15	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Fo	m 990	(2014)

Page 4

Det the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1º // "ve.", "complete Schedule I, Parts I and II 21	Par	Checklist of Required Schedules (continued)	_		
21 X  22 Dot the organization report more than 55.00 of grants or other assistance to or for domestic individuals on Part IX, column (A), sine 2? If "Yes," complete Schedule I, Parts I and III  22 Dot the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, derectors, trustees, eye employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and III II I		1		Yes	No
Did the organization report more than \$5,000 of grants or other assistance to ar for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 22 X 23 Did the organization of officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II 32 X 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the listed stop of the year, if that was issued after December 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule K II "No." go to line 25a 24th through 24th and complete Schedule K II" No." go to line 25a 24th through 24th and complete Schedule K II" No." go to line 25a 24th through 24th and complete Schedule K II" No." go to line 25a 24th through 24th and complete Schedule K II" No." go to line 25a 24th through 24th and complete Schedule K II" No." go to line 25a 24th through 24th and complete Schedule K II" No." go to line 25a 24th through 24th and soft (c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? I' "Yes," complete Schedule L, Part II 25a 25a 25a 25b 25c 27f "Yes," complete Schedule L, Part II 25b 25c 25c 27f "Yes," complete Schedule L, Part II 25c	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			
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," as you can be sectioned as a section of 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 II" If "No," or to line 25s  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization and as as in "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II is 1s the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II is 1s the organization engage 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 spinor Forms 990 or good or years or years and that the transaction with a nearest selection or or organization or organization provides Schedule I, Part II is 10 bid the organization provide Schedule I, Part II is 10 bid the organization organization provides Schedule I, Part II is 10 bid the organization or organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV is 10 bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV is 10 bid the organization receive more than \$25,000 in non-cash		government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 and 15 (10,000 as of the last day of the year, that was used after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25e  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  24d  25a Section 501(c/3) 501(c)(4), and 501(c)(29) organizations.  Did 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-E27 if "yes," complete Schedule L, Part I in Exp. (in Exp. 2) (in Exp	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and 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 II" No." go to line 25a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization oarcit as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization avair at the regaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that is reaspection and 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 990-927 If "Yes," complete Schedule L, Part I II and the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, brights under the prior of any of these persons? If "Yes," complete Schedule L, Part II II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributions or a party to a business transaction with one of the following parties (see Schedule L, Part IV Part Virons for applicable filling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part IV  Did the organization receive c		on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a 24b through 24d and complete Schedule K. If "No.", go to line 25a 24b through 24d and complete Schedule K. If "No.", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any flax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? If "Yes," complete Schedule L. Part II b is the organization aware that it engaged in an excess benefit transaction with a disqualfied person during the year? If "Yes," complete Schedule L. Part II Did the organization aware that the regaged in an excess benefit transaction with a disqualfied person unit 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, ingless tompensated employees, or disqualfied person 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, ingless tompensated employees, or disqualfied person or any of the organization or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  A manumentary of the parties of t	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
Dot 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 It. I"No.," or to line 25a 24b through 24d and complete Schedule It. I"No., "or to line 25a 24b through 24d and complete Schedule It. I"No.," or to line 25a 24b through 24d and complete Schedule It. I "Yes," or to make 25b 24b through 24d and complete Schedule It. I Part I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
\$ 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 25e  Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tiax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tiax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did 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 II  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustees, key employees, unstantiation or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III  Was the organization or proty to a business transaction with one of the following parties (see Schedule L. Part IV  A mainty of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV  Did the organization receive more than 325,000 in one-cash contributions? If "Yes," complete Schedule L. Part IV  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule M. Part II  Did the organization neceive more officer, director, trustee, or key employee? If "Yes," complete Schedule M. Part II  Did the organization of the man 325,000 in one-cash contributions? If "Yes," complete Schedule M. Part II  Did the organization of the man 325,000 in one-cash co		complete Schedule J .	23		X
24t through 24d and complete Schedule K. If *No.** go to line 25a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 801(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 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 have not been reported on any of the organization of any organization and 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, injehest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 270 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, ordinating member of any of these persons? If "Yes," complete Schedule L, Part II 370 A 270 A		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
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 601(c)(3), 601(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 I I I I I I I I I I I I I I I I I I		24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
to defease any tax-exempt bonds?  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 be 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-E2? If "Yes," complete Schedule L, Part I Did the organization provide a grant or other assistance to an officer, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 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 IV as the organization aparty 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 Schedule Schedule L, Part IV Schedule Schedule Schedule Schedule Schedule M Schedule Schedule Schedule M Schedule Schedule M Schedule Schedule Schedule M Schedule Schedule Schedule Schedule Schedule M Schedule S	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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990-EZ? If "Yes," complete Schedule L. Part I 2 Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II 26  Was 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 II 27  Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV 27  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28  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 28  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31  Did the organization ell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part I 32  Did the organization and 10% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 1, III, or IV, and Part V, line 1  32		prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
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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  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 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 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  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 X  37 X  38 X  39 X  30 X  X  X  X  X  X  X  X  X  X  X  X  X		· · · · · · · · · · · · · · · · · · ·	1		<del>                                     </del>
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19? Note. All Form 990 filers are required to complete Schedule O			1		<u> </u>
			38	Х	
		13. Note: All Form 330 meta are required to complete obligation			0 (2014)

18 Enter the number reported in Box 3 of Form 1086 Enter-O- if not applicable  Enter the number of Forms W-32 included in line 1s Enter-O- if not applicable  Coult the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthing) winnings to prize winners?  2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tar  Statements, field for the calendary year ending with or within the year covered by this return  Statements, field for the calendary year ending with or within the year covered by this return  Note, if the sum of lines 1 and 2 as greater than 25,000 and ye be required to e-file (ace instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, enter the name of the foreign country year as a financial account in a foreign country year, as financial account in a foreign country year as a share account, even the financial account?  5b If Yes, enter the name of the foreign country year.  5c If Yes's, enter the name of the foreign country year as a share account, even the financial account?  5c Was the organization a party to a prohebed tax sheller transaction at any time during the tax year?  5c If Yes's to line 5a or 5b, did the organization file from 8886-17  5c If Yes's to the 5a or 5b, did the organization file from 8886-17  5c If Yes's to the foreign country year as a share or any party part of prohebed tax sheller transaction?  5c If Yes's to the foreign country to the same account, event than 5100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization should be organization file from 8886-17  8c Did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization that may receive deductible contributions under section 170(c).  8c Did the organization state may be a should be accoun		Check if Schedule O contains a response or note to any line in this Part V			
14 Enter the number of Forms 40% Gniedded in los at Enter-0-th not applicable Enter the number of Forms 40% Gniedded in los at Enter-0-th not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamma (gammbing) winnings to prize womens?  25 Enter the number of employees reported on Form W-3, Transinital of Wage and Tax Stotements, field for the calendar year ending with or within the year covered by this return  26 If a least one is reported on the 22, od the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3 Did the organization have unleaded business gross income of \$1,000 or more fump the year?  3 If Yes, 'has it filled a Form 950-T for this year? if 'Note for the 30, provide an explanation in Schedule O  4 At any time during the celebradar year, did the organization bare an interest in, or a separature of other authority over, a financial account in a foreign country to the financial account in a foreign country to the service of the s	_	1		Yes	No
be Enter the number of Forms W2G included in line 1a. Enter 9-of not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (pambling) with might be payments to vendors and reportable gaming (pambling) with might be payments to vendors and reportable gaming (pambling) with might be payments to vendors and reportable gaming (pambling) with might be payments to vendors and reportable gaming (pambling) with might be payments to vendors and reportable gaming (pambling) with might be payments to vendors and reportable gaming (pambling) with might be payments to vendors and reportable gaming (pambling) with might be payments to vendors and payment tax returns?  2b If a least one is reported on line 2a, dot the organization that payment tax returns?  3c Dot the organization above unrelated business gross a recover of \$1,000 or more during the year.  3c Dot the organization is filed a form 980 or for this year? If "No" to line 3b, provide an explanation in Schedule O  4c At any time during the calendar year, dot the organization that was an interest in, or a signature of other authority over, a financial account in a foreign country (such as a bank account, securities account or other financial accounts (FBAR)  5c Was the organization a party to a prohibited tax shefler transaction at any time during the tax year?  5c If "Yes" for line 5a or 5b, did the organization file Form 8885-17  5c If "Yes" to line 5a or 5b, did the organization file Form 8885-17  5c Dos the organization and party for organization file form 8885-17  5c Dos the organization and party or ortherwise dispose of targible personal property for which it was required to file organization receive a payment in excess of \$75 made party as a contribution and party for goods and servers provided to the paymentation receive a potential to the value of the goods or services provided?  5c Dos the organization receive any funds, directly or indirectly, or a personal benefit contrad?  7d If "Ye	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1.	1
b Id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminbing) winnings to prize winners?  2 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  2 In a state of the calendar year ending with or within the year covered by this return  2 In a state on a reported on line 2a, old the organization file all required federal employment tax returns?  Note, if the sum of lines is a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more dumps the year?  3 If Yes, has if filed a Form 990-T for this year? If No for In 93, provide an explanation in Schedule O  4 At any time dump the calendar year, diff the organization have an interest in, or a spanture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 If Yes, has if filed a Form 990-T for Engine Data in the state of the spantation of the state of the spantation of the			1		,
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a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  b (1"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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization bath were not tax deductible as charitable contributions? 5c Bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Tax X  8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tax X  9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tax X  9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tax X  9 Sponsoring organization and the payor, pay premium, directly or indirectly, on a personal benefit contract? 7 Tax X  9 Sponsoring organization and the payor pay premium on a personal benefit contract? 7 Tax X  9 Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a  1 Form 1088-C? 8 Sponsoring organiza					<del>                                     </del>
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  C Enter the amount of reserves on hand  13c  14a  X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	10	1 1		1	
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a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  2c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				**************************************	\$ 5 \$\${\tau}_{1}^{2} \tau_{1}^{2} \ta
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  3 Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1		1,5	建物	
against amounts due or received from them)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					1
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  3 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 1/A  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 13b  c Enter the amount of reserves on hand 13c  Light Pres," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		對		<b>医验</b>
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	۸.	· · · · · · · · · · · · · · · · · · ·	<b>成本</b> 意	. 逐渐是	1
3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  duly 13b  c Enter the amount of reserves on hand  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			12a	_/V/	44 75 75 7
a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  da Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  13a  AAA  AAA  AAA  AAA  AAA  AAA  AAA			10		4 1 L
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	3		42-	- 14.74	E E E E E
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 c Enter the amount of reserves on hand 13c  Light A  Did the organization receive any payments for indoor tanning services during the tax year? Light A  B If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	-	13a	1/	<u> </u>
the organization is licensed to issue qualified health plans		·			HE.
c Enter the amount of reserves on hand		·	i - i -		建至五丁。
4a Did the organization receive any payments for indoor tanning services during the tax year?		<del>-</del>		[ ر	do
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14-		117 Y
		· ·	-		
	A A	ii res, nas it med a romi rzo to report these payments. Il ivo, provide an explanation in Schedule O		aar	(2014)

Form 990 (2014)
Part VI

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

X

sec	cion 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	1 :		_
	If there are material differences in voting rights among members of the governing body, or if the governing	l .		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			î ,,
b	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		٠	
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons			
	other than the governing body?	7b	68. YUZZ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			T .
	the year by the following			b. 1.
	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	$\bigcup$	<u>X</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	T i	
40-	Diddle accounting have local phases because a self-listed	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates? .	10a		
Ð	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
11.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	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  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	66	X
	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,"	125		
·	describe in Schedule O how this was done	12c	İ	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		انات	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<b>发</b> 身	÷ # . )	
а	The organization's CEO, Executive Director, or top management official	15a	X	understand z
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	,		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			( )
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			Α.
	the organization's exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	)		
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	001	_	
	. ▶GLEN MITCHELL POBOX 1943 RIVERTON WY 82501 307-857-	294		

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	nor any rei	ated o	rganız	zatio	ns c	omper	nsate	ed any current officer	r, director, or trustee	
				(C						
		Position								i
	1	(do not check more than one					е			
(A)	(B)	box,	ınless	pers	on is	both a	n	(D)	(E)	(F)
Name and Title	Average		er and	a dır	ector	trustee/	:)	Reportable	Reportable	Estimated
	hours per	익종	'n	Q	€	중 일 포		compensation	compensation	amount of
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1)GLEN_MITCHELL	40									
EXECODIR					Χ	Χ		42517.	0	0
(2)TAMMY LEISY PRËSIDËNT	. 2	Х		X				0	0	0
(3)PAT STOEHR VICE PRES	$\begin{vmatrix} & 1 & 1 & 1 & 1 \end{vmatrix}$	Х		Х				0	0	0
(4)CHRIS WATNE SECRETARY	1.	х		X				0	0	0
(5)ARLEN LANCASTR TREASURER	1	х		X				0	0	0
(6)ANDY ECKART DIRECTOR	1	Х						0	0	0
(7)BRYAN NEELY DIRECTOR	1	Х	-					0	0	0
(8)KIP POST DIRECTOR	1	Х						0	0	0
(9)										
(10)										
(11)			-							<del></del>
(12)										
(13)							7			<del></del>
(14)										

Part VII Section A. Officers, Direct	ors, Tru	stees	, Key	Em	plo	yees	, an	d Highest Compe	ensated Empl	oyees (co	ntınue	d)
(A) Name and title	(B) Average	box, unless person is both					ın	(D) Reportable	(E) Reportable	E	(F) Estimated	d
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	com (C) (i)	mount on other other of the other othe	on on on d
(15)	III 107									org	arnzation	13
(16)											<u> </u>	
(17)		-										
(18)										-		
(19)												
(20)												
(21)									-			
(22)								×				
(23)												
(24)					$\dashv$				<del></del>			
(25)												
1b Sub-total			4				<b>•</b>	42517.	0		0	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section	ı A		•		•	<b>&gt;</b>	0 42517.	0		0	
2 Total number of individuals (including but no	ot limited t	to thos	e liste	d ab	ove)	) who	rece			ble compen		
from the organization						10 N	E				Yes	No
3 Did the organization list any former officer, employee on line 1a? If "Yes," complete So							or hig	·		3	1/2.5	X
4 For any individual listed on line 1a, is the su the organization and related organizations of	ım of repo	rtable	compe	ensa	tion	and o	other	compensation from				
<ul><li><i>individual</i></li><li>Did any person listed on line 1a receive or a</li></ul>										. 4	27 m	X
services rendered to the organization? If "Y		-			-			-		5		X
Section B. Independent Contractors					- 4	-1				<del></del>		
<ol> <li>Complete this table for your five highest cor compensation from the organization Report</li> </ol>	-									tax vear		
(A)								(B)			<b>C)</b>	-
Name and business ad	ldr <u>e</u> ss							Description of ser	vices	Compe	sation	
	<del>-</del>											
Total number of independent contractors (in \$100,000 in compensation from the organization)	•	ıt not lı	mited	to th	iose	listed	l abo	ive) who received m	ore than			14 A

HABITAT FOR HUMANITY Form 990 (2014) 83-0318025 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a b Membership dues 1b С Fundraising events 1c ď Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts 117416. not included above 1f Noncash contributions 47464. included in lines 1a-1f Total. Add lines 1a-1f 117416 h Business Code RESTORE SALES 444190 68129 Program Service Revenue 68129. LATE FEES AND CHGS 522292 274. 274. SALE OF CONST HOUSE 233200 123263. 123263. d All other program service revenue 191666. Total. Add lines 2a-2f . • Investment income (including dividends, interest, and other similar amounts) 3. 3 Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross rents : b Less rental expenses c Rental income or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 149813 other than inventory Less cost or other basis and sales 169774 expenses interior -19961 c Gain or (loss) .1996119961 d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming -di ( 53) - T & 20 } activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 222 11a d All other revenue

43 (3 50) > ---

171708

289124

Total. Add lines 11a-11d

12 Total revenue. See instructions

the state of the state of

Form 990 (2014) HABITAT FOR HUMANITY

Part IX Statement of Functional Expenses

<u> </u>	ction 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGO	general expenses	., ,
	and domestic governments. See Part IV, line 21		•		, ; -
2	Grants and other assistance to domestic		<del> </del>	- June 18 1 18 18 18	、 Line Artiva
	individuals See Part IV, line 22			The state of the s	Carlo Maria M. Branch of the Carlo
3	Grants and other assistance to foreign			1,2	- 10 Ar 11
	organizations, foreign goverments, and foreign			e disp	
	individuals See Part IV, lines 15 and 16			1000	ge page at
4	Benefits paid to or for members			F	1 1
5	Compensation of current officers, directors,				-
	trustees, and key employees	42517.	42517.		
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 .	43427.	43427.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1115			
10	Payroll taxes	11151.	11151.		
11	Fees for services (non-employees)				
a	Management	100	100		
b	Legal	120. 4811.	120.		<u></u> .
С.	Accounting	4811.	4811.		
d	Lobbying			Molidae	
e	Prof fundraising services See Part IV, line 17		Marchard Mark		
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	col (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion .	3526.	3526.		<del></del>
13	Office expenses	3842.	3842.	· · -	· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy .	6407.	6407.		<u>.</u>
17	Travel				
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	505.	505.		
20	Interest	1473.	1473.		
21	Payments to affiliates	1325.	1325.		
22	Depreciation, depletion, and amortization	10171.	10171.		<u></u>
23	Insurance	5026.	5026.		
24	Other expenses Itemize expenses not covered				* * * * * * * * * * * * * * * * * * *
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	1502	1.502		
<b>a</b>	BANK CHARGES	1593.	1593.		
b	DUES AND SUBSCRIPTION	305.	305.		
C	APPLICANT EXPENSE	246.	246.		
d	HOMEOWNER EXPENSE	228.	228.	_	
е	All other expenses	128577. 265250.	128577.	·	
25_	Total functional expenses. Add lines 1 through 24e	203230.	265250.		
	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)				
	Check here ▶ If following SOP 98-2 (ASC 958-720)	Į.			

		Check if Schedule O contains a response of	note	to any line in this Part	<del>,</del>	<b>,</b>	<u> </u>		
•					(A)		(B)		
				·	Beginning of year	ļ	End of year		
	1	Cash - non-interest-bearing	19405.		21266				
	2	Savings and temporary cash investments	37887.	2	77018				
	3	Pledges and grants receivable, net		3					
	4	Accounts receivable, net .				4			
	5	Loans and other receivables from current and for	ormer o	officers, directors,			,		
		trustees, key employees, and highest compensions.  Part II of Schedule L		5	- 1				
	6		rsons (as defined		+	1, -3.			
			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 organiza							
		voluntary employees' beneficiary organizations							
ध		Part II of Schedule L	structions) Complete	,	ء				
Assets	7	Notes and loans receivable, net		364083.	7	466427			
₹	8	Inventories for sale or use				<del> </del>	400427		
	_		•	···	8	<del> </del>			
	9	Prepaid expenses and deferred charges .	'n	ı	222 25 28 28 4 4 4 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1	9	A CAN CARRAGE CONTRACTOR		
	10a	Land, buildings, and equipment cost or other	1	280689.	1. " " " " " " " " " " " " " " " " " " "				
		basis Complete Part VI of Schedule D	10a		170000	1.	17、好的結構發表達完全		
	b	Less accumulated depreciation	. 10b	50398.	172203.	10c	230291		
	11	Investments - publicly traded securities		11	<b>_</b>				
	12	Investments - other securities See Part IV, line	}	12					
	13	Investments - program-related See Part IV, line	1000	13	1000				
i	14	Intangible assets	1000.	+	1000				
	15	Other assets See Part IV, line 11 .	•	181244.	15	3699			
_	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34) .	775822.	16	799701		
	17	Accounts payable and accrued expenses	5648.	17	13489				
i	18	Grants payable		18					
	19	Deferred revenue			,	19			
	20	Tax-exempt bond liabilities				20			
g	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	14001.	21	8822		
	22	Loans and other payables to current and former	officers	s, directors,		1	Market Service & Mark		
Liabilities		trustees, key employees, highest compensated	employ	ees, and	THE LEGISLAND	1	MAD IN MARKET		
3		disqualified persons Complete Part II of Schedu	ıle L			22			
- 1	23	Secured mortgages and notes payable to unrela	ited thir	d parties	24668.	23	22011.		
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24			
- 1	25	Other liabilities (including federal income tax, pa	yables	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		•	44317.	26	44322.		
$\neg$		Organizations that follow SFAS 117 (ASC 958	3), ched	k here ▶ X and					
8		complete lines 27 through 29, and lines 33 ar	nd 34.	_					
[ [	27	Unrestricted net assets		,	731505.	27	755379		
	28	Temporarily restricted net assets .				28			
;	29	Permanently restricted net assets .				29			
5		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶			4-17 (FAST)		
5		and complete lines 30 through 34.							
3	30	Capital stock or trust principal, or current funds				30			
3	31	Paid-in or capital surplus, or land, building, or eq	Iuipmen	nt fund		31			
To Design of Land Defences	32	Retained earnings, endowment, accumulated inc				32			
	33	Total net assets or fund balances .	JJ.1.16, C	o calor fullus	731505.	33	755379.		
	34	Total liabilities and net assets/fund balances	•		775822.	34	799701.		
i_	<u> </u>	. ota. nabilities and not assets/fully balaffees	<del></del> -	<del> </del>	,,,,,,,,,,		Form <b>990</b> (2014)		

Form **990** (2014)

### **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.

OMB No 1545-0047

2014

Internal Revenue Service

▶ 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.

Open to Public Inspection

Name of the organization					Employer Identification	
HABITAT FOR HUMANIT					83-031802	
Part I Reason for Public C		······································			nis part ) See ınstru	ıctıons
The organization is not a private foundation	•	•	•	•		
1 A church, convention of churches,			on 170(b	)(1)(A)(	i).	
2 A school described in section 170						
3 A hospital or a cooperative hospital						
4 A medical research organization or	perated in conjunction	n with a hospital describe	d in sect	tion 170	O(b)(1)(A)(iii). Enter the	hospital's name,
city, and state	5					
5 An organization operated for the be	=	university owned or oper	ated by a	govern	mental unit described i	ın
section 170(b)(1)(A)(iv). (Complet						
<ul> <li>A federal, state, or local government</li> <li>X An organization that normally received</li> </ul>						
-			vernmen	tai unit d	or from the general put	DIIC
described in section 170(b)(1)(A)(		•				
<ul> <li>A community trust described in sec</li> <li>An organization that normally received</li> </ul>				utions	manuharahin fasa and	
receipts from activities related to its					•	•
support from gross investment inco		•				15
acquired by the organization after J		•			ax) nom businesses	
10 An organization organized and ope				•	41.	
11 An organization organized and ope	•	•			•	poses of
one or more publicly supported orga	•	· ·			•	•
the box in lines 11a through 11d tha		• • • •				•
a Type I. A supporting organization	operated, supervise	ed, or controlled by its su	oported o	organiza	tion(s), typically by give	ing
the supported organization(s) the	power to regularly a	ppoint or elect a majority	of the di	rectors	or trustees of the supp	orting
organization You must complet	e Part IV, Sections	A and B.				
b Type II. A supporting organizatio	n supervised or conti	rolled in connection with	its suppo	rted org	janization(s), by having	•
control or management of the sup	porting organization	vested in the same pers	ons that	control (	or manage the support	ed
organization(s) You must comp	lete Part IV, Section	is A and C.				
c Type III functionally integrated.	A supporting organi	zation operated in conne	ction wit	h, and f	unctionally integrated v	vith,
its supported organization(s) (see	instructions) You m	iust complete Part IV, S	ections	A, D, a	nd E.	
d Type III non-functionally integra	• • • •	-				
that is not functionally integrated		•			nent and an attentiven	ess
requirement (see instructions) Yo	•	·				
e Check this box if the organization				за Туре	e I, Type II, Type III	
functionally integrated, or Type III	· ·	grated supporting organi	zation			
<ul><li>f Enter the number of supported organi</li><li>g Provide the following information about</li></ul>		 .nization(e)				
(I) Name of supported organization	(ii) EIN	(ill) Type of organization	(ha)	I_ 4L_	(v) Amount of monetary	(vi) Amount of
(i) Name of supported organization	(11) = 114	(described on lines 1-9		ls the ion listed	support (see	other support (see
		above or IRC section		overning	instructions)	instructions)
		(see instructions))	Yes	nent?		
(A)			100			<del> </del>
(A)						
(B)						
(C)						
	<u></u>					
(D)						
	ļ					
(E)						
						<del></del>
			S 144			

HABITAT FOR HUMANITY 83-0318025 Schedule A (Form 990 or 990-EZ) 2014 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 213709. 94118. 71318. 55639. include any "unusual grants ") 117416. 552200. 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 213709. 94118. 71318 55639 4 Total, Add lines 1 through 3 117416. 552200. 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. 127836. column (f) 424364. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 213709 94118 71318 55639 117416. 552200. 7 Amounts from line 4 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 376 35 1 2 3 417. sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 552617. 11 Total support. Add lines 7 through 10 . 627030. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 76.79 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 76.96 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box X and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶ □ b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions . . . . .

#### **SCHEDULE D** (Form 990)

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

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

**Employer identification number** 

Schedule D (Form 990) 2014

HI	ABITAT FOR HUMANITY			83-0318025
Pa	organizations Maintaining Donor Ad			s or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Par	t IV, line 6	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors	s in writing that the assets he	ld in donor advise	d funds
6	are the organization's property, subject to the organization Did the organization inform all grantees, donors, and don for charitable purposes and not for the benefit of the donor	or advisors in writing that gra	ant funds can be u y other purpose co	onferring — —
D.	impermissible private benefit?	of the essentiation and	word "Vas" to	Yes No
1	rt II Conservation Easements. Complete		wered tes to	Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organi	· · · · · · · · · · · · · · · · · · ·	¬	
	Preservation of land for public use (e.g., recreation of	r education) [	=	of an historically important land area
	Protection of natural habitat	l	Preservation	of a certified historic structure
•	Preservation of open space			f the
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribt	ation in the form o	r a conservation easement on the
	last day of the tax year			1 Hald as the Find of the Tay Year
_	Total number of concentration accounts			Held at the End of the Tax Year
a	Total number of conservation easements .			2a 2b
0	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic	· . otrusturo moludod m (a)		20
			a historia	20
a	Number of conservation easements included in (c) acquire	ed alter 6/17/06, and not on	a mstoric	2d
2	structure listed in the National Register  Number of conservation easements modified transferred	rologged extinguished or t	orminated by the	
3		, released, extinguished, or t	enninated by the	organization during
	Number of states where property subject to conservation	accoment is located.		
5	Does the organization have a written policy regarding the		on handling of viv	olations
3	and enforcement of the conservation easements it holds?	•		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		on easements dur	<u></u>
7	Amount of expenses incurred in monitoring, inspecting, at	•		· · — — — —
8	Does each conservation easement reported on line 2(d) a	=		
•	and section $170(h)(4)(B)(H)$ ?	bove success the requirement	13 01 30011011 17 0(1	Yes No
q	In Part XIII, describe how the organization reports conserve	vation easements in its rever	· · · nue and expense :	ш ш
•	include, if applicable, the text of the footnote to the organi			
	conservation easements			
Par	t III Organizations Maintaining Collection	s of Art. Historical Tr	easures, or O	ther Similar Assets.
	Complete if the organization answered "			
1 a	If the organization elected, as permitted under SFAS 116			ent and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or rese	earch in furtheran	ce of public service, provide,
	in Part XIII, the text of the footnote to its financial stateme			
ь	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its re	venue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public			
	following amounts relating to these items			
	(i) Revenue included in Form 990, Part VIII, line 1 .			▶ \$
	· ·			
	If the organization received or held works of art, historical			
	required to be reported under SFAS 116 (ASC 958) relatir			- -
				. ▶ \$
	Assets included in Form 990, Part X			<b>&gt;</b> \$

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

	(continued)	ng Collections of An	i, Historicai Treasi	ires, or Other Simil	ar Assets
3	<del></del>	sion, and other records, ch	eck any of the following	that are a significant use	of its collection items
	(check all that apply)	,	<b>,,</b>	and are a signmeant acc	or no component norms
á	Public exhibition		d Loan or excha	nge programs	
ı	Scholarly research		e Other	g. pg	
	Preservation for future generations			<del></del>	
4	Provide a description of the organization's	collections and explain how	v thev further the organiz	ation's exempt purpose i	n Part XIII
5	During the year, did the organization solicit				
	to raise funds rather than to be maintained				Yes No
Pa	art IV Escrow and Custodial A			tion answered "Yes"	
	Part IV, line 9, or reporte	_ ,			
18	Is the organization an agent, trustee, custo				· · · · · · · · · · · · · · · · · · ·
	on Form 990, Part X?	·			X Yes No
t	If "Yes," explain the arrangement in Part X	II and complete the follows	ng table		
	· ·	·			Amount
c	Beginning balance			1c	14,001.
c	f Additions during the year			1d	14,405.
е	Distributions during the year			1e	19,584.
f	Ending balance			1f	8,822.
2a	Did the organization include an amount on	Form 990, Part X, line 21, t	for escrow or custodial a	ccount liability?	X Yes No
	If "Yes," explain the arrangement in Part XI				
Pa	art V Endowment Funds. Cor	nplete if the organizat	ion answered "Yes"	to Form 990, Part I\	/, line 10.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year		i		
	balance		ļ <u>.</u>		
	Contributions .				
С	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
е	Other expenditures				
	for facilities and				
	programs .				
f	Administrative				
	expenses				
g	End of year balance		1	<u> </u>	<u> </u>
2	Provide the estimated percentage of the cur		: 1g, column (a)) held as		
a					
	Permanent endowment ► 0.00	%			
С	· · ·	0.00 %			
•	The percentages in lines 2a, 2b, and 2c sho	-			
зa	Are there endowment funds not in the posse	ession of the organization ti	nat are held and adminis	tered for the organization	
	(i) unrelated organizations .		• •		3a(i)
L	(ii) related organizations			• •	.  3a(ii)
_	If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the	•		•	_3b
4 2a	rt VI Land, Buildings, and Equ		it fullus.		<del></del>
ı a	Complete if the organization		orm 990 PartIV lin	e 11a See Form 00	O Part Y line 10
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
	Description of property	basis (investment)	' '		(a) book value
12	Land	Dasis (HIVESUITEIIL)	basis (other) 68, 259.	Depreciation	68,259.
	Buildings	186,102.	30,200.	29,464.	156,638.
	Leasehold improvements			23,1011	
	Equipment	23,002.		18,994.	4,008.
	Other	3,326.		1,940.	1,386.
	. Add lines 1a through 1e (Column (d) must	<del></del>	olumn (B), line 10c )		230,291.
BCA.			100)	Cohod	ulo D (Form 990) 2014

Part VII	Complete if the organization answered	d "Yes" to Form 990, Pa	art IV, line 11b See Form 990	0, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year m	arket value
(1) Financial	derivatives .			- 11.
(2) Closely-h	eld equity interests .			·
(3) Other				
(A)	· · · · · · · · · · · · · · · · · · ·			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				<del></del>
	nn (b) must equal Form 990, Part X, col (B) line 1	2) ▶		
Part VIII	Investments - Program Related.			
	Complete if the organization answered			
	(a) Description of investment type	(b) Book value	(c) Method of val	
			Cost or end-of-year m	arket value
(1)				
(2)				
(3)				_
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13	3) ▶		
Part IX	Other Assets.	UNA - U.A 000 D.		Dard V June 45
	Complete if the organization answered		artiv, line 110 See Form 990	
THOUSE THE		scription		(b) Book value 3,699.
	CONSTRUCTION COSTS			3,033.
(2)		<del></del>		
(3)				
(4)				
(5)	·			
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)	the most arrival from 2000 Part V and (P) limp di	7.1		3,699.
	in (b) must equal Form 990, Part X, col. (B) line 19 Other Liabilities.	<del>)                                    </del>		
Part X	Complete if the organization answere	ad "Ves" to Form 990 [	Part IV line 11e or 11f See F	orm 990 Part X
	line 25		Tarriv, mic Tre of Tri Oce 1	
1.	(a) Description of Liability	(b) Book value		the state of the
(1) Federal In	come Taxes		<u> </u>	
(2)			<b>↓</b>	* * * * * * * * * * * * * * * * * * * *
(3)			The same of the sa	· . * 1 ·
(4)			the state of the s	was a service
(5)				
(6)				
(7)				ا رات لورا و
(8)			The state of the s	
(9)			」「特別響」「製造、整節・模型)	3. 中華語 16.
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25	i) ▶	1 to the the deliver " 192 21	<u> </u>
2 Liability for	runcertain tax positions. In Part XIII, provide the to	ext of the footnate to the ora	anization's financial statements that	reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

# SCHEDULE M (Form 990)

**Noncash Contributions** 

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

► Attach to Form 990.

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

(b)

2014
Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

HABITAT FOR HUMANITY

**Types of Property** 

Employer identification number 83-0318025

(c)

(d)

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining noncash contribution amounts
1	Art-Works of art .				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications		~~ , , , ,		
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC,				
	or trust interests .				
12	Securities-Miscellaneous .				
13	Qualified conservation				
	contribution-Historic				
	structures				
14	Qualified conservation				
	contribution-Other .				
15	Real estate-Residential .	X	4	47,464.	county tax value
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles .				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other▶ ()				
28	Other► (				
29	Number of Forms 8283 received by the which the organization completed Form				29
	Willow the organization completed to	0200, 1 0.11	TV, Donos / toknomougon		Yes No
30a	During the year, did the organization r	eceive by co	ntribution any property rer	oorted in Part I, lines 1 thr	
	28, that it must hold for at least three y				
	to be used for exempt purposes for the				30a X
b	If "Yes," describe the arrangement in		a r , , , ,		
31	Does the organization have a gift acce		v that requires the review	of any non-standard cont	1
	Does the organization hire or use third	parties or re	lated organizations to soli	icit, process, or sell nonca	

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

describe in Part II.

b If "Yes," describe in Part II.

Schedule M (Form 990) (2014) HABITAT FOR HUMANITY	83-0318025	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 3 the organization is reporting in Part I, column (b), the number of contributions, the information required by Part I, lines 30b, 3 the organization is reporting in Part I, column (b), the number of contributions, the information required by Part I, lines 30b, 3 the organization is reporting in Part I, column (b), the number of contributions, the information required by Part I, lines 30b, 3 the organization is reporting in Part I, column (b), the number of contributions, the information required by Part II is a second reporting in Part II is a second report reporting in Part II is a second report		ther
or a combination of both Also complete this part for any additional information	<del></del> -	
SCHEDULE M OF FORM 990, PART 1, LINE 15		
HABITAT RECEIVED FOUR RESIDENTIAL LOTS AS DONATIONS.		
THE LOTS ARE LOCATED IN THE SMALL TOWNS OF SHOSHONI AND		
PAVILLION, WYOMING. COUNTY TAX VALUES HAVE BEEN USED TO		
VALUE THE LOTS AT THE DATE OF CONTRIBUTION.		
		-
		_
		_

Schedule M (Form 990) 2014

BCA

#### **SCHEDULE 0** (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. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **Open to Public** 

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

HABITAT FOR HUMANITY	83-0318025
FORM 990, PART VI, QUESTION 11b;	
THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE FILING	i.
FORM 990, PART VI, QUESTION 15a AND 15b:	
THE BOARD OF DIRECTORS SETS THE SALARY OF THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, QUESTION 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FORMS	
AVAILABLE TO THE PUBLIC UPON REQUEST.	487

US 990	Other Functional			2014
, Danish as (11) a Assat		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
BANK CHARGES	1,593.		•	
UES AND SUBSCRIPTI	I			
PPLICANT EXPENSE	246.		•	
OMEOWNER EXPENSE	228.			İ
AXES AND LICENSES	1,255.			
OT MAINTENANCE	80.		11 -11	
UPPLIES	2,200.	2,200.	128,577 ER	
EES WASTE DISPOSAL			128,577 ALL OTHER ALL OTHER EXPENSES LINE	
OSTAGE	301.	301.	EXPENS 24e	
OST OF CONSTRUCTIO			LINE	
	130,949.	130,949.	<b>"</b>	
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