990

Department of the Treasury

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

Open to Public

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.

Inspection A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, C Name of organization Check if D Employer identification number HABITAT FOR HUMANITY OF GREATER CENTRE Address change COUNTY, INC. Nama Change 25~1473184 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1155 ZION ROAD 8143532390 Amended City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-BELLEFONTE, PA 16823 H(a) Is this a group return pending F Name and address of principal officer: JILL REDMAN for subordinates? Yes X No 1155 ZION ROAD, BELLEFONTE, PA 16823 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [If "No," attach a list. (see instructions) J Website: WWW.HABITATGCC.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Other 🕨 Association L Year of formation: 1984 M State of legal domicile: PA Part I | Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE HOME Activities & Governance OWNERSHIP TO QUALIFIED FAMILIES IN NEED Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 17 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a)Public inspection...... 5 9 Total number of volunteers (estimate if necessary) 100 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Current Year** Contributions and grants (Part VIII, line 1h) 262,576. 262,507. Program service revenue (Part VIII, line 2g) 7,315. 3,838. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 175. 83, Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 122,634. 144.667. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 392,700. 411,095. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 178,013. 140,181. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 234,093. 148,398. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 412,106. 288,579. Revenue less expenses. Subtract line 18 from line 12 -19,406.122,516. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) <u>1,653,580.</u> 1,720,345. Total liabilities (Part X, line 26) 427,832. 372,081. Net assets or fund balances. Subtract line 21 from line 20 225,748. 348,264. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Oate JILL REDMAN, EXECUTIVE DIRECTOR Here Type or print name and title Preparer's signature Print/Type preparer's name Paid WILLIAM REHILL P01270406 self-employed Firm's name BOYER & RITTER Preparer 23-1311005 Firm's EIN > Use Only Firm's address 1600 UNIVERSITY DRIVE STATE COLLEGE, PA 16801 Phone no. 814-234-6919 May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2013) COUNTY, INC.	25-14/3184	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	***************************************	
•	HABITAT FOR HUMANITY OF GREATER CENTRE COUNTY WORKS IN P	A DOMNIED CUITO	
	·		
	WITH GOD AND OUR COMMUNITIES TO BUILD SIMPLE, DECENT, AF		
	HOUSES FOR QUALIFIED FAMILIES IN NEED OF ADEQUATE SHELTE	R.	
2	Did the organization undertake any significant program services during the year which were not listed on		
	· · · · · · · · · · · · · · · · · · ·	Yes	X No.
	***************************************		[17] (40)
_	If "Yes," describe these new services on Schedule O.	1	<i>-</i> ₩-1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		nd
	revenue, if any, for each program service reported.	io, inc total expenses, a	10
4-		1.4	740 .
4a	7 (1010)		748.
	TO MAKE HOME OWNERSHIP POSSIBLE FOR LOW-INCOME FAMILIES		
	CENTRE, CLEARFIELD, AND CLINTON COUNTIES. THROUGH VOLUM	TEER LABOR A	ND
	DONATIONS OF MONEY AND MATERIALS, THE ORGANIZATION BUILD	S OR RENOVAT	ES
	HOMES AND SELLS THEM TO ELIGIBLE FAMILIES AT NO PROFIT,		
	AFFORDABLE NO-INTEREST LOANS.	LIMMINGED HILL	1.1
	AFFORDABLE NO-INTEREST DOMNS.	· · · · · · · · · · · · · · · · · · ·	
		<u>.</u>	
4b	(Code:) (Expenses 5	ve \$)
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			~-
4c	(Code:) (Expenses \$including grants of \$) (Reven		
70	(Code:) (Expenses \$including grants of \$) (Reven	ue\$)
		•	
			
	The state of the s		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Rovenue \$	١	
4e	Total program service expenses > 223,830.		
	· · · · · · · · · · · · · · · · · · ·		

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Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 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 X 3 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 Х 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 X 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI X 11a 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 Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? // "Yes," complete Schedule F, Parts III and IV X 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 X 17 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 Х 18 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 X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

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COUNTY, INC.

Part IV | Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 Schedule J 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 Х Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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? // "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X ************************* b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Х 36 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 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

COUNTY, INC.

Form 990 (2013)

25-1473184

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In a Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable	Pa	Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
to Enter the number of porter Work of included in line is. Enter- Of In red applicable Enter the number of Forms Work of included in line is. Enter- Of In red applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winning? Better the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, Better the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, Better the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, Better the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, Better the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, Better the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, Better the number of the number of the number of the number of the statements of the number of the organization have uncleared business gross incomer of \$1,100 or more during the payment of the number of the number of the organization have an introset in, or a signature or other authority ower, a financial account, or the financial account or the financial account or the financial account. Better the number of the foreign country business are based on the number of the number of the foreign country. So less that organization a party to a prohibited tax shottler transaction at any time during the tax year? By It is desirable party notify the caparization has the vase or a party to a prohibited tax whether transaction? By It is desirable that a payment in express of \$15 miles are promotely greater than \$100,000, and did the organization solicit any contributions where a contribution is the number of the promote of the value of the goods or services provided? By It is a subject to the organization historial way a		Theorit defined to Contains a response of note to any line in this Fait V	***************************************		******	Yes	No
b Enter the number of Forms W260 included in line 1a. Enter of 1 not applicable Cult the congruization complex with backup withholding duste for reportable payments to vendors and reportable garning (gambring) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmitted of Wage and Tas Statements, filed for the calendar year adding with or within the year covered by this return 2 b If at least one is reported on line 2n, did the organization file all required federal employment tax returns? 2 b If a least one is reported on line 2n, did the organization file all required federal employment tax returns? 3 b If a least one is reported as line great final 250, you may be required to e-file (see instructions) 3 b If the organization have enrolated business gross income of \$1,000 or more during the year? 3 b If Year, 1 and it filed a form 900 FC for this year? Y if yo, You film 3b, provide an explanation in Schedule O. 4 b If Year, 1 and it filed a form 900 FC for this year? Y if yo, You film 3b, provide an explanation in Schedule O. 4 b If Year, 1 and it filed a form 900 FC for this year? Y if yo, You film 3b, provide an explanation in Schedule O. 4 b If Year, 1 and it filed a form 900 FC for this year? Y if yo, You film 3b, provide an explanation in Schedule O. 5 b If Year, 1 and it the organization of the provident years are shared account; or other filmencial Accounts. 5 b If Year, 1 and its or 5 b, did the organization of the film year of the year of year of year of year year year year year of year year year year year year year year	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			"
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3a	b			. [2b	Х	
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b if "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 Sa or 5b, of the organization file Form 8886-7? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chanitable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations solicit any contributions that were not tax deductible as chanitable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and express statement that such contributions or gitts were not tax deductible? 6c Does the organization that the very solicitation an express statement that such contributions or gitts were not tax deductible? 6c Does the organization may receive a deductible contributions under section 170(c). 6d Did the organization neceive apyment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7c Did the organization receive apyment in excess of \$75 made party as contribution and party for which it was required to file form \$2822? 7c Did the organization received annual party funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received annual party funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received annua	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a				
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amounts due or received from them.) 12a 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 13 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 13b c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X			\$ 10	┪		İ	
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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 13c 14a X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	 	iza	- 1	
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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				ļ	132		
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		Note. See the instructions for additional information the organization must report on Schedule O.	***************	ŀ	,va		
organization is licensed to issue qualified health plans	þ	Enter the amount of reserves the organization is required to maintain by the states in which the				ļ	
c Enter the amount of reserves on hand		organization is licensed to issue qualified health plans	13b		15.5		
14a Did the organization receive any payments for indoor tanning services during the tax year?	С	Enter the amount of reserves on hand		7		[
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?		_	14a		
	b	If "Yes," has it filed a Form 720 to report these payments? If "No, ' provide an explanation in Schedule t	2				

COUNTY, INC.

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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	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	ŀ		
•	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	4,27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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	i	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Part of the state	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OU	47	
•	organization's mailing address? If "Yes " provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 9		- 23
	This Section B requests information about policies not required by the internal Revenue Code,)			
102	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No X
h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		42
~		40%		
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Λ	
	Print to the state of the state	-		
		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes," describe	12b	Α.	
U	is Orbital Orbital Orbital and consistently monitor and emorce compliance with the policy? If 'Yes, " describe		7.	
13	in Schedule O how this was done	12c	_X	31
14	Did the organization have a written whistleblower policy?	13		X
15	Did the organization have a written document retention and destruction policy?	14	X	
10	Did the process for determining compensation of the following persons include a review and approval by independent		. 1	
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Χ	
Ð	Other officers or key employees of the organization	15b		_X
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions),			
103	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	L		
	taxable entity during the year?	16a		<u>X</u>
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			
C	exempt status with respect to such arrangements?	16b		
Sec	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
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) av	allable)	
	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)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION - 8143532390	n: 🟲		
	1155 ZION ROAD, BELLEFONTE PA 16823			

COUNTY, INC.

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

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

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

(A) Name and Title	(B) Average hours per week	Бох	not c , unle	Pos heck i ss per	more son i	than s bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest.compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANN ECHOLS	4.00	Ţ								
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(2) CINDY SHETLER	4.00	1								
BOARD MEMBER		X						0.	0.	0.
(3) DAN TREVINO	4.00]					Ì			
BOARD MEMBER		X						0.	0.	0.
(4) DOUG DEVALLANCE	4.00									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(5) DOUG ERICKSON	10.00					ĺ				
PRESIDENT		X		Х				0.	0.	0.
(6) JASON MOSER	4.00					ŀ				
BOARD MEMBER		X						0.	0.	0.
(7) JILL REDMAN	40.00									
EXECUTIVE DIRECTOR		Х						30,534.	0.	0.
(8) LES CUTTER	10.00	Į						•		
TREASURER		X					<u> </u>	0.	0.	0.
(9) LISA RILEY BROWN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARY BETH SPANG	4.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MIKE LEBO	4.00			. }						
BOARD MEMBER		X						0.	0.	0.
(12) MINDY RETHERFORD	4.00									
BOARD MEMBER		Х						0.	0.	0.
(13) NICK LINGENFELTER	4.00									
BOARD MEMBER		X						0.	0.	0
(14) PAM LONG	10.00									
SECRETARY		X		X				0.	0.	0.
(15) SAM KOMLENIC	4.00		ļ							
BOARD MEMBER		X	_	_	_			. 0.	0.	0.
(16) SAM MCGINLEY	4.00	_						_		
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) THAD WILL	4.00									
VICE PRESIDENT		Х		X				0.	0.	0.

	INC.							1977	25-14	<u> 173</u>	<u> 184</u>	Р	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employee	s (continued)				
(A) Name and title	Name and title Average hours per week Average hours per week Average hours per week Position Reportable Reportable compensation compensation from from related					ar	(F) stimate nount other spense	of					
	hours for related organizations below line)	Individual trustee of director	institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former		(W-2/1099-MIS		org an	rom th ganizat d relat anizati	ie tion ted
(18) WILL WEST	4.00			Ĭ	_	-							
BOARD MEMBER		X			ļ	<u> </u>		0.		0.			0.
(19) MICHELLE SCHOONOVER INTERIM EXECUTIVE DIRECTOR	40.00	x						18 077		0.			0.
INIBATA BABCUTTVE DIRECTOR		r				-		18,077.		0.			<u> </u>
		-	-	_		<u> </u>			•				
		L											
													_
				-		-			*				
-		┝		_	_	<u> </u>							
		_											
1b Sub-total	<u></u>	<u> </u>						48,611.		0.			0.
c Total from continuation sheets to Part V	I, Section A			·····				0.	···	0.			0.
d Total (add lines 1b and 1c)							-	48,611.		0.			0.
2 Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable				0
330000000000000000000000000000000000000												Yes	No
3 Did the organization list any former officer				-	•	-		- '	•				
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si					·····				·····		3	ļ	X
4 For any individual listed on line 1a, is the st and related organizations greater than \$15	Jin of reportaci D.DCO? If "Vac	e co * co	mpe mple	ensa eta C	tion Scho	and and	oin	ier compensation from ti for such individual	ne organization		4		x
5 Did any person listed on line 1a receive or	accrue compen	satio	on fr	om :	any	unre	late	ed organization or individ	lual for services	'***-			
rendered to the organization? If "Yes." con							4444		************		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mnenested ind	lane	nder	at co	vatro		e th	ast received more than \$	100 000 of same		lian fe		
the organization. Report compensation for										GHSA	HOII II	JE11	
(A) Name and business	address	NO	NE	3				(B) Description of s	ervices	С		C) nsatio	n
							-						
	<u>.</u>						_						
									Ī				
											<u></u>		
2 Total number of independent contractors (i	neludios but ==	a lin	altaci					charaturia	41				
\$100.000 of compensation from the organi			ured	: :O T	nos ()		red i	andve) who received mo	re tnan			.:	
											Carm	9907	20121

Form 990 (2013) COUNTY, INC.
Part VIII | Statement of Revenue

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Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue is, Gifts, Grants imilar Amounts. 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 42,334. 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 220,173. 4,765. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 262,507 **Business Code** 2 a RENTAL INCOME 3,838. 531110 3,838. Program Service f All other program service revenue 3,838. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 83. 83. Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) Þ 7 a Gross amount from sales of (I) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ___ 42,334. of contributions reported on line 1c). See Part IV, line 18 _____ a 27,544 42,541. b Less: direct expenses ______b c Net income or (loss) from fundraising events -14,997.9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns also,660. and allowances b Less: cost of goods sold ь139,750. c Net income or (loss) from sales of inventory 10,910. 10,910 Miscellaneous Revenue Business Code 11 a DISCOUNT AMORTIZATION 525990 148,392 148,392. b MISCELLANEOUS INCOME 900099 362. 362. d All other revenue e Total. Add lines 11a-11d 148,754. Total revenue. See instructions. 411,095. 14.748. 133,840.

Form 990 (2013) COUNTY, INC.
Part IX Statement of Functional Expenses

6 Compensation not included above, to disqualified persons (as defined under section 4958()(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 405(k) employer contributions) 9 Other employee benefits 1, 985. 1, 583. 402. 9 Other employee benefits 8, 118. 5, 806. 1, 395. 91. 10 Payroll taxes 16, 020. 11, 318. 2, 870. 1, 83. 11 Fees for services (non-employees): a Management b Legal 4, 418. 4, 418. c Accounting 4, 4418. 4, 418. d Lobbying e Professional fundralsing services, See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 14 Information technology 16 Cocupancy 20, 974. 18, 877. 2, 097. 17 Travel 80 Cocupancy 20, 974. 18, 877. 2, 097. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 14, 496. 14, 846. 1, 650. Insurance 20 Insurance 21, 283. 14, 384. 13, 115. 1, 269.	Sec	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
Organizations in the United States. See Part IV, line 21 Organizations in the United States. See Part IV, line 22 Organization of current officers, directors, trustees, and follow assistance to governments, organization of current officers, directors, trustees, and key employees Society Organization of current officers, directors, trustees, and key employees Society Society Society Organization of current officers, directors, trustees, and key employees Society Society Society Organization of current officers, directors, trustees, and key employees Society Soc		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the United Statos. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directores, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and parsons described in section 4958(f)(1) and parsons described in 4958(f)(1) and 4958(f) and 4958(f)(1) and 4958(f) and 495	1	Grants and other assistance to governments and		ĺ	. " "	-
the United States. See Part IV, line 22 3 Grants and Other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on included above, to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons (as defined under section 4958(f)(1)) an		organizations in the United States. See Part IV, line 21				
the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation not included above, to disqualified persons (as defined under section 498(f)(1)) and persons described in section 498(c)(3)(b) Other assistes and wages Possion plan accruels and contributions (include section 498(d)) and additional presence (as defined under section 498(c)(3)(b) Other amployee benefits Possion plan accruels and contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(b) employer contributions (include section 498(d)) and 408(d) employer contributions (inc	2	Grants and other assistance to individuals in				
Compensation of current officers, directors, trustees, and key employees 53,550. 26,775. 13,388. 13,38		the United States. See Part IV, line 22				
United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 53,550. 26,775. 13,388. 13,38 Compensation not included above, to disqualified persons described in section 4958(c)(3)(8) 7 Other satartes and wagee 8 Pension plan accruels and contributions (include section 4040(4) employer contributions) 9 Other employee benefits 1,985. 1,583. 402. 10 Payroll taxes 16,020. 11,318. 5,806. 1,395. 91 10 Payroll taxes 11 Fees for services (non-employees): a Management 1 Legal 4,418. 4,418. 4,418. 4,418. 4,418. 4,418. 4 CAccounting 14,585. 9,007. 3,405. 2,17 1 Investment management fees 9 Other, If line 11g arcunet secrets (6% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 4,384. 2,192. 2,193 10 Office expenses 10,629. 7,531. 1,891. 1,201 11 Information technology 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 140. 12,623. 12,823. 2 12 Payments to affiliates 20 Operaciation, depletion, and amortization 1 lost received above. (List miscellanatous expenses in time 24e. If line 24e	3	Grants and other assistance to governments,				
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 400(f) and 400(f) employer contributions) 9 Other employee benefits 8 1,18. 5,806. 1,395. 91 10 Payroll taxes 11,283. 11,283. 12,870. 1,831 11,831. 1,1318. 2,870. 1,831 12,870. 1,833 13,388. 13		organizations, and individuals outside the				
5 Compensation of current officers, directors, trustess, and key employees						
trustees, and key employees 53,550. 26,775. 13,388. 13,38°. Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) 60,508. 53,278. 7,230. Persion plan accrusia and contributions (include section 401(k) and 403(b) employar contributions) 1,985. 1,583. 402. Other employee benefits 8,118. 5,806. 1,395. 91°. Payroll taxes 16,020. 11,318. 2,870. 1,83. 11°. Payroll taxes 16,020. 11,318. 2,870. 1,83. 11°. Persional fundralising services (non-employees): a Management b Legal 4,418. 4,418. 4,418. C Accounting 14,585. 9,007. 3,405. 2,17°. Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O. 12 Advertising and promotion 4,384. 2,192. 2,192. 2,192. 10,629. 7,531. 1,891. 1,20°. Professional fundralising services. Part IV, line 17° Information technology 10°. Royalities 10°. Cecupancy 20,374. 18,877. 2,097. 17°. Travel 865. 433. 216. 21°. Payments of travel or entertainment expenses for any federal, state, or local public officials 10°. Conferences, conventions, and meetings 11°. Payments to affiliates 11°. Payments to affiliates 11°. Payments to affiliates 11°. Payments of travel or entertainment expenses for any federal, state, or local public officials 11°. Payments to affiliates 11°. Payments of travel or entertainment expenses for any federal, state, or local public officials 11°. Payments to affiliates 11°. Payments of travel or entertainment expenses for any federal, state, or local public officials 11°. Payments to affiliates 11°. Payments or strained provided above, (1st inscellances consense in line 24° if line 24° amount exceeds 10° of line 28°, column (A) amount, list line 24° expenses on Schedule 0.) Payments 11°. Payments on Schedule 0.) Payments 11°. Payments 28°, column (A) amount, list line 24° expenses on Schedule 0.) Payments 11°. Payments 11°. Payments 28°, column (A) amount, list line 24° expenses on Schedule 0.) Payments 11°. Payments 11	4					
6 Compensation not included above, to disqualified persons (as defined under section 4958(0)(3)(8) 7 Other salaries and wages 60,508. 53,278. 7,230. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 8,118. 5,806. 1,395. 91. 10 Payroll taxes 16,020. 11,318. 2,870. 1,83. 11 Fees for services (non-employees): 12 Advantagement 4,418. 4,418. 4,418. 6. 13 Augustion 4,418. 4,418. 6. 14 Augustion 4,418. 7,120. 7,	5					
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 2 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1			53,550.	26,775.	13,388.	13,387.
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7 Other salaries and wages 60,508. 53,278. 7,230. 8 8 Pension plan accruals and contributions (include section dVI)k and 403(b) employer contributions (-		
8 Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions) 9 Other employee benefits 1,985. 1,583. 402. 10 Payroll taxes 16,020. 11,318. 2,870. 1,83 11 Fees for services (non-employees): a Management b Legal 4,418. 4,418. c Accounting 14,585. 9,007. 3,405. 2,17 d Lobbying 9 Professional fundralsing services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 4 Advertising and promotion 4,384. 2,192. 2,192 10 Office expenses 10,629. 7,531. 1,891. 1,200 11 Information technology 12 Royalties 865. 433. 216. 216 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 12 Conferences, conventions, and meetings 12,823.	_		£0 500	52 050		
Section 401(k) and 403(b) employer contributions 1,985.			60,508.	53,278.	7,230.	
9 Other employee benefits	8	·	1 005	4 500		
10 Payroll taxes	_	· · · · · · · · · · · · · · · · · · ·	1,985.	1,583.	402.	
11 Fees for services (non-employees): a Management	_	Other employee benefits				917.
a Management b Legal		Payroll taxes	10,020.	11,318.	2,870.	1,832.
b Legal]			
C Accounting 14,585. 9,007. 3,405. 2,177			4 410	A A10		
d Lobbying e Professional fundralsing services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion	0				2 405	ሳ 1 7 ጎ
e Professional fundralsing services. See Part IV, line 17 f Investment management fees g Other. (If file 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion	ن د		14,505.	9,007.	3,403.	4,1/3.
Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)						
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion						
Column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion						
12 Advertising and promotion	9		į			
13 Office expenses	12		4.384	2.192.		2 102
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 28 REPAIRS 29 Insurance 20 Insurance 20 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Insurance 25 Insurance 26 Insurance 27 Insurance 28 Insurance 29 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Insurance 25 Insurance 26 Insurance 27 Insurance 28 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Insurance 25 Insurance 26 Insurance 26 Insurance 27 Insurance 28 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Insurance 25 Insurance 26 Insurance 26 Insurance 27 Insurance 28 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Insurance 25 Insurance 26 Insurance 27 Insurance 28 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 21 Insurance 21 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Insurance 25 Insurance 26 Insurance 27 Insurance 28 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Insurance 25 Insurance 26 Insurance 27 Insurance 28 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Insurance 25 Insurance 26 Insurance 27 Insurance 28 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insura					1.891	1 207
15 Royalties 16 Occupancy 20,974. 18,877. 2,097. 17 Travel 865. 433. 216. 216 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 140. 140. 20 Interest 12,823. 12,823. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 16,496. 14,846. 1,650. 23 Insurance 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 24 REPAIRS 14,384. 13,115. 1,269.	14	Information technology		,,,,,,,,,,		<u> </u>
16 Occupancy 20,974. 18,877. 2,097.	15					
17 Travel	16		20,974.	18,877.	2,097	
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) REPAIRS 140. 12,823. 12,823. 14,846. 1,650. 10,993. 9,802. 1,191.	17					216.
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) 24 REPAIRS 25 14,384. 26 12,823. 27 12,823. 28 12,823. 29 14,846. 20 14,846. 20 14,846. 21 14,846. 22 14,846. 23 14,846. 24 14,846. 25 14,846. 26 14,846. 27 14,846. 28 14,846. 29 14,846. 20 14,846. 20 14,846. 20 14,846. 20 14,846. 20 14,846. 21 14	18			***		
12,823. 12,823. 12,823.		for any federal, state, or local public officials				
12,823. 12,823. 12,823.	19	Conferences, conventions, and meetings	140.		140.	
Depreciation, depletion, and amortization 16,496. 14,846. 1,650. Insurance 10,993. 9,802. 1,191. 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 0.) a REPAIRS 14,384. 13,115. 1,269.	20	***************************************	12,823.	12,823.		
23 Insurance 10,993. 9,802. 1,191. 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 0.) a REPAIRS 14,384. 13,115. 1,269.	21	Payments to affiliates				
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 0.) a REPAIRS 14,384. 13,115. 1,269.	22	Depreciation, depletion, and amortization	16,496.	14,846.	1,650.	
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 0.) a REPAIRS 14,384. 13,115. 1,269.	23	Insurance	10,993.	9,802.	1,191.	
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a REPAIRS 14,384. 13,115. 1,269.	24	Other expenses, Itemize expenses not covered				
a REPAIRS 14,384. 13,115. 1,269.		24e amount exceeds 10% of line 25, column (A)				
VI COURT AND ATTER TO THE PROPERTY OF THE PROP	a	REPAIRS	14 384	12 11 1	1 260	
b MISCELLANEOUS 10 945 7 098 2 445 1 400		MISCELLANEOUS	10,945.	7,098.		1 400
b MISCELLANEOUS 10,945. 7,098. 2,445. 1,402	-					1,402.
d HFHI, INC. TITHE 6,688. 6,688.	d				330.	. ,
	-				548	350.
						23,676.
26 Joint costs. Complete this line only if the organization					22,0731	23,0101
reported in column (B) joint costs from a combined				-		
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)						

636,228.

340,317.

52,726.

5,796.

192,982.

519,615.

Form 990 (2013)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 90,661. Cash - non-interest-bearing Savings and temporary cash investments 28,318. 2 Pledges and grants receivable, net 46,463. 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors,

	Part II of Schedule L
6	Loans and other receivables from other disqualified persons (as defined under
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing
	employers and sponsoring organizations of section 501(c)(9) voluntary
	employees' beneficiary organizations (see instr). Complete Part II of Sch L
7	Notes and loans receivable, net
8	inventories for sale or use

complete lines 27 through 29, and lines 33 and 34.

trustees, key employees, and highest compensated employees. Complete

8	Inventories for sale or use			340,317.	8	454,129.
9	Prepaid expenses and deferred charges				9	· · · · · · · · · · · · · · · · · · ·
10a	Land, buildings, and equipment: cost or other	1 1				
ĺ	basis. Complete Part VI of Schedule D	10a	636,281.			· · · ·
b	Less: accumulated depreciation	10b	175,184.	477,593.	10c	461.097.
11	Investments - publicly traded securities				11	

l .	***************************************	L	1 11 1	
12	Investments · other securities. See Part IV, line 11		12	
13	Investments · program-related. See Part IV, line 11	34,000.	13	34,000.
14	Intangible assets		14	, , , , , , , , , , , , , , , , , , ,
15	Other assets. See Part IV, line 11		15	······································
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,653,580.	16	1,720,345.
17	Accounts payable and accrued expenses	18,747.	17	7.336
18	Grants payable		10	

	٠.	Grano payable	ŧ	18	
	19	Deferred revenue	40,200.	19	12,100
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,108.	21	
Ś	22	Loans and other payables to current and former officers, directors, trustees,			1
itie		key employees, highest compensated employees, and disqualified persons.		7.3	Palaci Milaci di s
abi	İ	Complete Part II of Schedule L		22	
Ξ	22	Conwad madages and acts and the second state of the second state o	3.6.6. 888		

	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	366,777.	23	352,645
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			

		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	427,832.	26	372.081.
İ		Organizations that follow SFAS 117 (ASC 958), check here X and			

G)		• • • • • • • • • • • • • • • • • • • •		1	
Š	27	Unrestricted net assets	1,158,745.	27	1,269,597.
<u>a</u>	28	Temporarily restricted net assets	33,003.	28	44 667
ă B	29	Permanently restricted net assets	34,000.	29	34,000.
ä		Organizations that do not follow SFAS 117 (ASC 958), check here			. 19
5		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
et Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total not accore or fund balances	1 225 740	- 02	1 242 2

		organizations that do not follow SPAS 117 (ASC 958), check here	1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.17	
		and complete lines 30 through 34.	*,*		
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,225,748.	33	1,348,264.
_	34	Total liabilities and net assets/fund balances	1,653,580.	34	1,720,345.
					<u> </u>

Form 990 (2013)

ý)

	990 (2013) COUNTY, INC.	25-14	73184	Pa	_{qe} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	411	L , O	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2			79.
3	Revenue less expenses. Subtract line 2 from line 1	3			16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,225	5,7	<u>48.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9	<u>.</u>		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,348	3,2	64.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		************		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a		• • • • • • • • • • • • • • • • • • • •	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	*********	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	777		Ï
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
¢	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form 990 (2013)

332012 10-29-13

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF GREATER CENTRE COUNTY, INC.

Employer identification number 25-1473184

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). 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: 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). 7 X 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.) 8 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). 10 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. a ____ Type I b Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated e 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). 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Yes the governing body of the supported organization? 11g(i) (li) 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? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (i) Name of supported (ii) EIN (v) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary organization in col. (i) listed in your organization in col. (described on lines 1-9) (I) organized in the U.S.? support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 COUNTY, INC.

25-1473184 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) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 348,591. 272,510. 236,443. 201,602. 220,173. 1279319. 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 272,510. 4 Total. Add lines 1 through 3 348,591, 236,443. 201,602. 220,173. 1279319. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 50,870. 6 Public support, Subtract line 5 from line 4 1228449. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (c) 2011 (b) 2010 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 272,510. 348,591 236,443. 201,602. 220,173. 1279319. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources ... 1,115. 789. 4,201. 7,490. 3.921. 17,516. 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.) 100,809. 99,464. 79,396. 83,672 69,878 433,219 11 Total support. Add lines 7 through 10 1730054. 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 71.01 14 % 15 Public support percentage from 2012 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X b 33 1/3% support test - 2012. 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 - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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 A (Form 990 or 990-EZ) 2013 COUNTY . INC. 25-1473184 Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 6 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 194 of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract Fine 7c from fine 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f) % 16 Public support percentage from 2012 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

HABITAT FOR HUMANITY OF GREATER CENTRE 25-1473184 Page 4 Schedule A (Form 990 or 990-EZ) 2013 COUNTY, INC. Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990.

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

HABITAT FOR HUMANITY OF GREATER CENTRE

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

COUNTY INC. 25-1473184 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year _____ Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ______ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	edule D (Form 990) 2013 COUNTY,					25-14	73184	Page 2
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tre	easures, or Ot	her Si	milar Assets	(continu	ed)
3								
	(check all that apply):							
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	е	Other					
¢	Preservation for future generations							_
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's	exempt	purpose in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	sures, or other sin	nilar ass	ets		
	to be sold to raise funds rather than to be m	aintained as part of th	ne organization's co	ollection?	******		Yes	No
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes	to For	n 990, Part IV, ti	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermedi	iary for contribution	s or other assets	not incl	ıded		
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
Ç	Beginning balance					1c		
đ	Additions during the year					1d		
e	Distributions during the year		*****			1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			X	Yes	No
b	If "Yes." explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part X	ai		******	X
Par		if the organization an	swered "Yes" to Fo	rm 990, Part IV, lii	ne 10.			
		(a) Current year	(b) Prior year	(c) Two years bar	1	Three years back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
¢	Net investment earnings, gains, and losses					-		
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cun	ent year end balance	(line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment		_%					
þ	Permanent endowment >	%						
C	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should	ild equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held a	nd administered fo	or the or	ganization		
	by:					~	Y	es No
	(i) unrelated organizations	************************					3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required on	Ostrodate DO				3b	
4	Describe in Part XIII the intended uses of the	organization's endov	yment funds.					
Par								
	Complete if the organization answered	<u>d "Yes" to Form 990,</u>	Part IV, line 11a. S	ee Form 990, Part	X, line	10.		
	Description of property	(a) Cost or ot				mulated	(d) Book	value.
-		basis (investm	ient) basis	(other)	deprec	t t		
la	Land							
b	Buildings		45	6,000.	.90	0,138.	365	,862.
C	Leasehold improvements			6,876.		5,351.		,525.
ď	Equipment			3,405.		9,695.		710.
e	Other							· ·
Total.	Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part X	C. column (B), line 1	0(c))		•	461	,097.

Schedule D (Form 990) 2013 COUNTY, INC. 25-1473184 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation; Cost or end-of-year market value (1) (2)(3)(4)(5) (6) (7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX | Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3)(4) (5)(6)(7) (8)(9)Total. (Column fo) must equal Form 990. Part X. col. (B) line 15.)

Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6) (7)

(8) (9)

Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)

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

	edule D (Form 990) 2013 COUNTY, INC.	25-1	L473184 Page		
Pa	त XI । Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	550,845		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments]			
b	Donated services and use of facilities] [
C	Recoveries of prior year grants 2c] [
d	Other (Describe in Part XIII.) 2d 139,750.				
e	Add lines 2a through 2d	2e	139,750		
3	Subtract line 2e from line 1	3	411,095		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	1 1			
c	Add lines 4a and 4b	4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	411,095		
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	leturn	•		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	428,329.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments 2b				
c	Other losses 2c	1 1			
d	Other (Describe in Part XIII.) 2d 139,750.	1			
ę	Add lines 2a through 2d	2e	<u>1</u> 39,750.		
3	Subtract line 2e from line 1	3	288,579.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		200,313.		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)	-			
c	Add lines 4a and 4b	4-			
5_	Total expenses, Add lines 3 and 4c. This must equal Form 990, Part I, line 18.1	4c	0. 288,579.		
Par	t XIII Supplemental Information.	0 1	200,379,		
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	Part Y	ling 2: Part VI		
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	I GILY	mio Z, Fait Ai,		
	, and provide any additional mornation				
		·			
PAR	T IV, LINE 2B:				
EXP	LANATION: THE ORGANIZATION MAINTAINS ESCROW ACCOUNTS FOR T	HT:			
			· · · · · · · · · · · · · · · · · · ·		
MOH	EOWNERS, USED FOR PAYMENT OF REAL ESTATE TAX AND HOMEOWNER	S TN	SIIDANCE		
			DOIMINGH.		
PAR	TX, LINE 2:				
		<u></u>			
EXP	LANATION: MANAGEMENT IS REQUIRED TO EVALUATE THE ORGANIZAT	ፖ ለአታኃ	C mar		
	TO DIVIDUID THE ONGARIZAL.	LOIVE	S IAA		
20S	ITIONS TO COMPLY WITH ACCOUNTING STANDARDS REGARDING UNCER	יוא ד היו	TV Tarmu		
	DIAMED REGINDING ONCER.	TUTIA	TI MT.LH		
JNR	ELATED BUSINESS INCOME. THE ORGANIZATION HAD TAKEN NO UNC	י גייים	ፐ እን ጠአህ		
	THE TAKEN NO UNC.	TATA.	IN TAX		
POS.	ITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS	mo d	GOMBY V		
TATEMENTS TO COMPLY					
VITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE					
DRGA	ANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS E	gV mr	ים נו מ		
	THE PROPERTY OF THE OWN TAX BARRITURY TOWN) I 11	ne U.S.		
EDI	ERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010.				
2014 OK BOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010.					

Schedule D (Form 990) 2013

HABITAT FOR HUMANITY OF GREATER CENTRE COUNTY, INC. Schedule D (Form 990) 2013 25-1473184 Page 5 Part XIII | Supplemental Information (continued) PART XI, LINE 2D - OTHER ADJUSTMENTS: COST OF CONSTRUCTION ON SALES OF HOMES TO HOMEOWNERS CLOSING COST PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF CONSTRUCTION ON SALES OF HOMES TO HOMEOWNERS CLOSING COSTS

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047

Open To Public Inspection

Cepartment of the Treasury Internal Revenue Service Name of the organization

 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.jrs.gov/form 990. HABITAT FOR HUMANITY OF GREATER CENTRE

Employer identification number COUNTY, INC. 25-1473184 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e [Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d ____ In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b if "Yes," list the ten highest paid individuals or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundreiser have custody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid to (or retained by) (iv) Gross receipts to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990 EZ) 2013 COUNTY, INC. 25-1473184 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col. (a) through TOURNAMENT HOUSEWALK col. (c)) (total number) (event type) (event type) 63,501. 6,377. 1 Gross receipts 69,878. 2 Less: Contributions 42,334. 42,334. 21,167. Gross income (line 1 minus line 2) 6,377. 27,544. 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs Direct 7 Food and beverages 8 Entertainment 9 Other direct expenses 41,191. 42,541 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization ilcensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013 COUNTY, INC.	25-1473184 Page 3
11 Does the organization operate gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity former	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a
b An outside facility	13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecords:
Name ►	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the of gaming revenue retained by the third party ▶ \$	amount
c If "Yes," enter name and address of the third party:	
Name ▶	
Address >	
16 Gaming manager information:	
Name >	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	-
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	Yes No
organization's own exempt activities during the tax year	SHC III G JO
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	and Part III lings 0 0h 10h 15h
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see inst	auctions)
	2010:10).
	-
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Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
HABITAT FOR HUMANITY OF GREATER CENTRE Emplo Name of the organization

COUNTY, INC.	25-1473184
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: FINANCE COMMITTEE, EXECUTIVE COMMITTEE, AND B	
REVIEW FORM 990 PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	·
EXPLANATION: CONFLICT OF INTEREST FORMS ARE COMPLETED ANNU	ALLY AND BOARD
MEMBERS, OFFICERS, AND EMPLOYEES ARE NOTIFIED OF THE POLIC	Y AT THAT TIME.
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: BOARD OF DIRECTORS DETERMINE COMPENSATION OF	EECUTIVE
DIRECTOR, USING COMPARABILITY DATA OF SIMILAR ORGANIZATION	S, AND ASSESSMENT
OF EXECUTIVE DIRECTOR DUTIES AND EXPERTISE. THIS PROCESS	IS DOCUMENTED AT
EXECUTIVE SESSIONS OF BOARD MEETINGS.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON R	
OFFICE MONDAY THROUGH FRIDAY, 8:30 AM TO 4:30 PM.	
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVER	RSIGHT AND
SELECTION PROCESS DURING THE YEAR. THE FINANCE COMMITTEE	IS
RESPONSIBLE FOR OVERSIGHT DURING THE AUDIT PROCESS. THE BO	DARD OF
DIRECTORS ASSUMES FULL RESPONSIBILITY FOR FINAL REVIEW, API	PROVAL, AND
OVERSIGHT OF THE AUDIT, AND THE SELECTION PROCESS.	