		_	EXTENDED TO MAY 16, 20	16			
	(	000	Return of Organization Exempt Fr	rom li	ncome Ta	Х	OMB No. 1545-0047
Fo	nu ,	990				lation	» <b>2014</b>
							Open to Public
-	-	9990       Under section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         who der section 50(c), 527, or 447(a)(1) of the Internal Revenue Code (except private foundationa)       2014         Who we are dereve (eff On Dev (internal Revenue Code (except private foundationa)       2014         Who we are dereve (eff On Dev (internal Revenue Code (except private foundation Revenue Cod					
		Beturn of Organization Exempt From Income Tax Under section 50(-597, of 447(3)() of the Internal Revenue Code (secapt private foundational)					
<b>r</b> -		HA					
F	Ch.	ange CC	Description       Return of Organization Exempt From Income Tax				
E	Init	Bederiver and adverse of private and adverse of the second conditional second private formation and adverse and adverse and adverse of the second conditional second private adverse and adverse and adverse and adverse and adverse adves adverse adverse adverse adverse adverse adverse adverse advers					
	Fin	al 11	.55 ZION ROAD	oom/suite			
Г	ate Am	d City					
F	Ap	the second					Commence Statements
		exempt state	us: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527			
_					H(c) Group exen	ption	number 🕨
				L Year o	f formation: 198	4 M	State of legal domicile: PA
	1			ITTOD	1		
Ce	1	OWNER	SHIP TO OUALTETED FAMILIES IN NEED	DATDE	AFFORDAB.	LE	HOME
nan	2			of more t	han 25% of its no	1 0000	
ver	3	Number o	function membrane of the second of the term of the second				
Š	Return of Organization Exempt From Income Tax Dear between the near the second second private descent private constantiants Dear between the second second private descent private desc						
es o	5	Total num	ber of individuals employed in calendar year 2014 (Part V, line 2a)	ublic Inc	nection	1	
vitie	6	Total num	ber of volunteers (estimate if necessary)	Ca	ALP.		
Acti	7 :	i i ottai arino	ated business revenue non r art vin, column (c), inte 12				
_	ł	Net unrela	ted business taxable income from Form 990-T, line 34			7b	
							Current Year
ę						_	308,840.
/eni							
Rev		Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)				
	aneren	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		the second se		
	and the second	Craste and	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				
		Bonofite or	ni similar amounts paid (Part IX, column (A), lines 1-3)				
		Salariae o	ther componenties, employee base fits (Part IX, solution (A), line 4)				
ses	162	Profession	al fundraising food (Part IX, column (A), lines 5-10)			_	
pen	h	Total funde	aising expenses (Part IX, column (D), line 26)		The second second	J.	0.
ы					149 300	-	220 451
	18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)				
	19	Revenue le	ss expenses. Subtract line 18 from line 12				
Pas							2012 120 120 120 120 120 120 120 120 120
sets	20	Total asset	s (Part X, line 16)				
t As	21		lies (Det V. lies 00)	2021 1			
		Net assets	or fund balances. Subtract line 21 from line 20				
100 10000		-	The second se				
Unde	r pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and	l statement	s, and to the best of	my kr	nowledge and belief, it is
true,	corre	et, and compl	ete, Declaration of preparer (other than officer) is based on all information of which p	preparer ha	s any knowledge.		
		Signa	hun bi differen		50	9	2016
Sign					Date	1	
Here							
				Det		_	
Paid			M REHTLL	0. 1	- / / / / .	L	1
	rer		BOYER & RITHER	N 12			
					Firm's EIN		23-1311005
		. In S duul				1.4	024 6040
Mav	the IF	S discuss t			Phone no. 8	14-	
	11-0		For Paperwork Reduction Act Notice, see the separate instructions.				X Yes No Form 990 (2014)
			interest and the second are insudduons.				Form 990 (2014)

	HABITAT ( R HUMANITY OF GREATER CENT
	n 990 (2014) COUNTY, INC. 25-1473184 Page 2
Ра	rt III Statement of Program Service Accomplishments
 i	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	HABITAT FOR HUMANITY OF GREATER CENTRE COUNTY WORKS IN PARTNERSHIP
	WITH GOD AND OUR COMMUNITIES TO BUILD SIMPLE, DECENT, AFFORDABLE
	HOUSES FOR QUALIFIED FAMILIES IN NEED OF ADEQUATE SHELTER.
	MOUSES FOR QUALIFIED FRAIDIES IN NEED OF ADEQUATE SHELTER,
2	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 333,356. including grants of \$) (Revenue \$ 90,461.)
	TO MAKE HOME OWNERSHIP POSSIBLE FOR LOW-INCOME FAMILIES IN THE AREAS OF
	CENTRE, CLEARFIELD, AND CLINTON COUNTIES. THROUGH VOLUNTEER LABOR AND
	DONATIONS OF MONEY AND MATERIALS, THE ORGANIZATION BUILDS OR RENOVATES
	HOMES AND SELLS THEM TO ELIGIBLE FAMILIES AT NO PROFIT, FINANCED WITH
	AFFORDABLE NO-INTEREST LOANS.
	and the second
4b	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program somicos (Describe in Schoolule ())
40	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses > 333,356.
<u>4</u> e	Total program service expenses 333, 356.

HABITAT ( R HUMANITY OF GREATER CENT Form 990 (2014) COUNTY, INC. 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part /	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 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	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes, " complete Schedule D,			
	Part VI	11a	x	
ь	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? // "Yes," complete Schedule D, Part VII	11b		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 Vill	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? // *Yes, * complete			
	Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	-+	X
14a	Did the grappingtion maintain on office, amplements and ideas the state in the second	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>A</u>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
			1	v
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
			1	v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
	or for foreign individuals? (three thereas for Output to a more than \$5,000 or aggregate grants or other assistance to			1.5
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 11e2 // IVee Recomplete Parts due (2) Part /		ŀ	v
18	column (A), lines 6 and 11e? // "Yes," complete Schedule G, Part I	17		<u> </u>
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
19	1c and 8a? // *Yes,* complete Schedule G, Part //	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
00-	complete Schedule G, Part III	19		<u>X</u>
zva L	Did the organization operate one or more hospital facilities? If *Yes, * complete Schedule H	20a		X
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	205		

Form 990 (2014)

HABITAT	( R	HUMANITY	OF	GREATER	CENT
COUNTRY					N

For	990 (2014) COUNTY, INC. 25-147:	3184	P	age 4
Га	rt IV   Checklist of Required Schedules (continued)		1	
•••			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ł		
	domestic government on Part IX, column (A), line 1? If *Yes,* complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domastic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		-	
	Schedule J	23		X
24a	b			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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?	24¢		
þ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
<b>b</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? // "Yes," complete	1		
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,'			
		26		х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 15
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
				v
28	of any of these persons? If "Yes," complete Schedule L, Part III	27	NA.43	X
20	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):	1000	- 448 - ES	
a เ	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
d a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? // "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If 'Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>⊢</b> "†		
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2014)

# HABITAT ( 3 HUMANITY OF GREATER CENT( COUNTY, INC.

		2	5-	1	4	7	3	1	8	4	Page	5
--	--	---	----	---	---	---	---	---	---	---	------	---

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					<b></b>
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	(			
þ		1b				
c	And the second	portat	ole gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	]				10,140,9 40,996,9
	filed for the calendar year ending with or within the year covered by this return	2a	8			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	\$)	••••••			
3a				<b>3</b> a		X
b	in the second seco	ο		<u>3b</u>	$\vdash$	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	<u>4a</u>	<u> </u>	X
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	count	is (FBAR).		1923	
5a	a set of the set of th			<b>5</b> a	<u> </u>	X
b	y manual party and a gama and that it has a to a party to a promotion due to to to	ction?		5b	_	X
ç		· • · · · · · · · · ·		50	—	Ļ
<b>6</b> a		-				
	any contributions that were not tax deductible as charitable contributions?		••••••	<u>6a</u>	─	X
Ø	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			[
-	were not tax deductible?	·····	*****	<u>6b</u>		la tet th
7	Organizations that may receive deductible contributions under section 170(c).					Geologie Geologie
a Þ	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			78	X	
b				76	X	┣───
Ū	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was to file Form 82822				ł	ν
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c	1 102124	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		<u>^</u>	+		X
ſ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7e 7f	+	X
ģ	If the organization received a contribution of qualified intellectual property, did the organization file Fo		e roquirad?	7g	+	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					Sec
	sponsoring organization have excess business holdings at any time during the year?			8	-	1.1.1.1.1.1
9	Sponsoring organizations maintaining donor advised funds.	••••				
a	Did the programmed or approximation make any tay and distributions and a proving the contract			9a		
b	Did the econsoring organization make a distribution to a dense dense address as attacked a sure of	••••••		9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		103		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	•	12a	نيبل	
	÷ •	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					8.484) 1
а	is the organization licensed to issue qualified health plans in more than one state?	• • • • • • • • • • •	****	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	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				
С (А-		13c				224
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	$\mid$	X
<u>U</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0		14b		

Form 990 (2014)

Form 990 (2014)

#### R HUMANITY OF GREATER CENT HABITAT (

	n 890 (2014) COUNTY, INC. 25-1473	184	F	- <sub>age</sub> 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	esnon	se
	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 V			
Sec	ction 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 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a		<u> </u>		<u> </u>
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- <u> </u>		<u>  </u>
	persons other than the governing body?	76		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1997	
a		8a	X	
b	Each committee with authority to act on behalf of the governing body?	86	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u>~</u>		<u> </u>
	organization's mailing address? // "Yes." orovide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			<u> </u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		8 (K)	1000
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u></u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe	120	**	<u> </u>
	in Schedule O how this was done	12c	х	Í
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	 		1999 - S
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	X	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		982 S	
	in joint venture arrangements under applicable federal tax faw, and take steps to safeguard the organization's			
	available with respect to such exception 2	16b	1919/11	N 8 6 6 9 6 4
Sec	tion C. Disclosure	001		
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) as	ailahk	1	
	for public inspection. Indicate how you made these available. Check all that apply.	and Dit		
	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	financi	al	
	statements available to the public during the tax year.	ananci G	41	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 8143532390			

1155 ZION ROAD, BELLEFONTE PA 16823

Form 990 (2014)	COUNTY,	LNC.		25-1
Part VII Compensation	n of Officers,	Directors,	Trustees, Key Employees,	Highest Compensated
Employees, ar				

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

Section A.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns ( $\tilde{D}$ ), (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 compansated employees; and former such persons.

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

(A)	(8)			(	C)			(D)	(E)	(F)
Name and Title	Average	tete	note	Pos	ítior	າ than d		Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson i	is boti	n an	compensation	compensation	amount of
	week		cer ar	no a c l	ixecto	x/trus ∣	(es)	from	from related	other
	(list any	protividual trustee of director						the	organizations	compensation
	hours for related	010	8			ated	.	organization	(W-2/1099-MISC)	from the
	organizations	<b>Custee</b>	L T US		E.	npent		(W-2/1099-MISC)		organization and related
	below		nstlautional trustee		l du	10.5				organizations
	tine)	ling i	nstla	Otticer	tey employee	Highest compensated amployee	Former			organizationa
(1) ANN ECHOLS	4.00	1	-	Ē		<u> </u>		· · · · · ·		
BOARD MEMBER		x						0.	0.	0.
(2) EMMA STUART	4.00	$\square$								
BOARD MEMBER		x						ο.	0.	0.
(3) DAN TREVINO	4.00				1					<b>.</b>
BOARD MEMBER		x						o.	0.	0.
(4) DOUG DEVALLANCE	4.00					<b> </b>				<b></b>
BOARD MEMBER		x						ο.	ο.	0.
(5) DOUG ERICKSON	10.00	1				1				
PRESIDENT		x		х				0.	0.	0.
(6) JASON MOSER	4.00						-			<b>v.</b>
BOARD MEMBER		X						0.	0.	0.
(7) JILL REDMAN	40.00		···						<b>~ · ·</b>	<u>v.</u>
EXECUTIVE DIRECTOR		x				ί.		52,039.	Ο.	0.
(8) LES CUTTER	10.00					H				
TREASURER		x				i I		0.	ο.	0.
(9) LISA RILEY BROWN	4.00							·		<u>v.</u>
BOARD MEMBER		x						0.	ο.	Ο.
(10) MINDY RETHERFORD	4.00				-					<u>v.</u>
BOARD MEMBER		x						0.	ο.	0.
(11) NICK LINGENFELTER	4.00						_			
BOARD MEMBER		x						0.	ο.	0.
(12) PAN LONG	10.00									
SECRETARY		x		х				ο.	0.	0.
(13) SAM KOMLENIC	4.00		_							
BOARD MEMBER		х						ο.	ο.	Ο.
(14) SAM MCGINLEY	4.00									
BOARD MEMBER	·······	х						ο.	0.	Ο.
(15) THAD WILL	4.00									
VICE PRESIDENT	·	x		x				0.	0.	0.
(16) WILL WEST	4.00									
BOARD MEMBER		х						ο.	0.	ο.
			1							

	HABITAT (		M1	TY	; Ç	)F	GR	EA	TER CENT		
		LNC.							· · · · · · · · · · · · · · · · · · ·	25~147:	3184 Page 8
Pa	Section A. Onicers, Directors, tras	E	oloy J	ees,			ghes	st C		• • • • • • • • • • • • • • • • • • • •	····
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unie	Pos hack ss pe	rson i	1 : than i is bet pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Heat compensated employee	Farmer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
<u> </u>											-
1b c	Sub-total Total from continuation sheets to Part VII	, Section A							52,039. 0.	0.	0.
<u>đ</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							o 16	52,039. ceived more than \$100,0	0 . 000 of reportable	0.
3	Did the organization list any former officer, line 1a? // *Yes,* complete Schedule J for su										Yes No
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150,	m of reportable ,000?_/ <mark>/</mark> *Yes,*	e co " <i>co</i> /	mpe mple	nsa ete S	tion Sche	and duie	oth J fe	or such individual	e organization	3 X 3 3 4 4 X
5	Did any person listed on line 1a receive or an rendered to the organization? If "Yes," comp	ccrue compen	satio	on fr	om	алу	unre	late	d organization or individ	ual for services	5 X
1 1	tion B. Independent Contractors Complete this table for your five highest con	npensated ind	epei	ıden	nt co	intra	actor	s th	at received more than \$	100,000 of compens	ation from
	the organization. Report compensation for th (A) Name and business a			ndin NE		ith o	or wit	<u>hin</u>	<u>the organization's tax ye</u> (B) Description of se		(C) Compensation
			140								Compensation
_								_			
						<u></u>					
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati	cluding but no	t lim	nited	to t	hos 0		ed a	above) who received mo	re than	

# HABITAT ( R HUMANITY OF GREATER CENT Form 990 (2014) COUNTY, INC. Part VIII Statement of Revenue

			(A) Tolai revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
and Other Similar Amounts a 6 J a 9 O 9 B 1						
ng b	· · · · · · · · · · · · · · · · · · ·					
°∎ c		39,359.				
μ d						
ig e	Government grants (contributions)					
ም ት	All other contributions, gifts, grants, and					
Ť.	similar amounts not included above 11 2	69,481.				
ਰੂ 9	Noncash contributions included in lines 1a-1f: \$	<u>130</u> .				
<u>, a</u> h	<u>Total. Add lines 1a-1f</u>		308,840.			
		usiness Code		00.000	terista italia (198	
2 a		525990	39,121.	39,121.		
<u>भ</u> ्म <sup>1)</sup>		531110	3,043.	3,043.		
ସ୍ଥି ୯		561700	245.	245.		
ୟ ଏ	· · · · · · · · · · · · · · · · · · ·			<u></u>		
2 a b c d e f	All other program condex revenue			l		
1 1	All other program service revenue		42,409.		Nerseeneren er	
3	Investment income (including dividends, interest,	and	42,403.	a construction of the failed	a perior a trade l'attende esta est la constanti.	Satisfies frankrige
ľ	other similar amounts)		258.			258
4	Income from investment of tax-exempt bond pro					4.00
5	Royalties					
ľ		(ii) Personal	Corvellor Hull See			The factors of each start
6 a	0					
Ь						
c		·				
	Net rental income or (loss)					Speece 12,20 percentation
	Gross amount from sales of Securities	(ii) Other				
	assets other than inventory	tur oʻrini				
Ь	Less: cost or other basis	Nº12 11.2				
	and sales expenses					
c	Gain or (loss)					
	Net gain or (loss)					
1 8 3	Gross income from fundraising events (not					
b	including \$ 39,359. of	1				
	contributions reported on line 1c). See					
	Part IV, line 18 a	37,948.				
b		44,514.				
c	Net income or (loss) from fundraising events		-6,566.			-6,566
9 a	Gross income from gaming activities. See					
	Part IV, line 19 a					
b	Less: direct expenses b					
	Net income or (loss) from gaming activities	🕨				
10 a	Gross sales of inventory, less returns					
	and allowances a 1.	27,939.				
	Less: cost of goods sold b	80,226.				
	Net income or (loss) from sales of inventory		47,713.	47,713.		
		Isiness Code				
		900099	339.	339.	·····	
b	·					
C d					·	
d	All other revenue				·	
	Total, Add lines 11a-11d	🕨 📘	339.			
1 12	Total revenue. See instructions.		392,993.	90,461.	0.	-6,308

# Form 990 (2014) COUNTY , LNC. Part IX Statement of Functional Expenses

COUNTY,

HABITAT ( R HUMANITY OF GREATER CENI

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	54,056.	27,028.	13,514.	13,514
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			. <u></u>	
7	Other salaries and wages	73,336.	73,336.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,171.	4,813.	679.	<u>679</u> 105
9	Other employee benefits	1,038.	826.	107.	
10	Payroll taxes	10,604.	8,272.	1,166.	1,166
1	Fees for services (non-employees):				
a		4 684	a		
b		1,671.	1,671.		
C		18,056.	13,735.	2,160.	2,161
	Lobbying		Market States (1999) and the States of the S	And the second	
	Professional fundraising services. See Part IV, line 17				
ſ	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, solution (A) amount list line 11g amount and 21, 22, solution (A) amount list line 11g amount and 21, 22, and 23, and 23, and 24, and 25, a				
10	column (A) amount, list line 11g expenses on Sch 0.)	4,729.	2 264		0.265
12 13	Advertising and promotion	6,242.	2,364.	680.	2,365
1-3  -4	Office expenses	0,444.	4,844.	080.	718
14 15	Information technology				
15 16	Royalties	24,649.	22,184.	2 465	
17		6,961.	3,351.	2,465.	1,740
8	Travel Payments of travel or entertainment expenses	0,501.	3,331.		1,740
0	for any federal, state, or local public officials				
19	Conferences as well-set				
20		16,134.	16,134.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,927.	14,334.	1,593.	<u></u>
3	Insurance	8,603.	7,520.	1,083.	
.o	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.)				
а	DISCOUNTS RECOGNIZED	75,977.	75,977.		
b	LOSSES ON HOME TRANSFER	14,470.	14,470.		
c	REPAIRS	12,915.	11,624.	1,291.	
đ	PROPERTY TAXES	9,461.	8,515.	946.	··· ·
e	All other expenses	23,656.	22,358.	880.	418.
5	Total functional expenses. Add lines 1 through 24e	384,656.	333,356.	28,434.	22,866.
6	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

		HABITAT	(R	HUMANIT	Y OF	GREATER	CENT
<u>Form 990 (2</u>		COUNTY,	TNC '	I			
Part X	Balance Sheet						

		Check if Schedule O contains a response or not	e to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			52,726.	1	118,596.
	2	Savings and temporary cash investments			192,982.	2	179,635.
	3	Pledges and grants receivable, net			5,796.	3	11,566.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	rmer officers, d	irectors,			
		trustees, key employees, and highest compensa	ited employees	. Complete		1999 1999	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disgualifi	fied persons (as	defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), a	ind contributing			
		employers and sponsoring organizations of sectl	lon 501(c)(9) vo	luntary			
2		employees' beneficiary organizations (see instr).	Complete Part	II of Sch L		6	
Assets	7	Notes and loans receivable, net			519,615.	7	546,549.
Ř	8	Inventories for sale or use			454,129.	8	389,599.
	9	Description of the second state of the second				9	· · · · · · · · · · · · · · · · · · ·
	10a						
		basis. Complete Part VI of Schedule D	10a	636,281.			
	b	Less: accumulated depreciation	10b	191,111.	461,097.	10c	445,170.
	11	Investments · publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1			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 equa	at line 34)		1,720,345.	16	1,725,115.
	17	Accounts payable and accrued expenses			7,336.	17	15,675.
	18	Grants payable			18		
	19	Deferred revenue			12,100.	19	15,000.
	20	Tax exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	Part IV of Sched	lule D		21	
ş	22	Loans and other payables to current and former	officers, directo	ors, trustees,			
littic		key employees, highest compensated employees	s, and disqualif	ied persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelat	ted third parties		352,645.	23	337,839.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	ables to related	d third			
		parties, and other liabilities not included on lines	17-24). Comple	ete Part X of			
		Schedule D				25	
	26	Total liabilities, Add lines 17 through 25			372,081.	26	368,514.
		Organizations that follow SFAS 117 (ASC 958),		▶ <u>X</u> and			
ŝ		complete lines 27 through 29, and lines 33 and				1994	
anc	27	Unrestricted net assets	•••••••		1,269,597.	27	1,278,430.
ä	28	Temporarily restricted net assets			44,667.	28	44,171.
ē	29	Permanently restricted net assets			34,000.	29	34,000.
2		Organizations that do not follow SFAS 117 (AS	SC 958), check	here 🕨 🛄			
ğ		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	·
Asi	31	Paid in or capital surplus, or land, building, or equ				31	
te	32	Retained earnings, endowment, accumulated inc	ome, or other f	unds		32	
-	33	Total net assets or fund balances			1,348,264.	33	1,356,601.
	34	Total liabilities and net assets/fund balances			1,720,345.	34	1,725,115.

Form 990 (2014)

### COUNTY, INC.

HABITAT	( R	HUMANITY	ŌF	GREATER	CENT
COUNTY.	ÌNC.				(

	m 990 (2014) COUNTY, INC.	25-147	3184	Page 12
Pa	art 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 VII), column (A), line 12)	1		<u>,993.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	384	,656.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,337.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,348	,264.
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 O)	9	• II' ·····	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	1,356	,601.
Pε	rt XII Financial Statements and Reporting			- <b>J</b>
	Check if Schedule O contains a response or note to any line in this Part XII			🗶
				es No
1	Accounting method used to prepare the Form 990: 🔄 Cash 🛛 🗶 Accrual 🔄 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Where the examination is freezed electrometer and whether when the state of the sta		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona		
	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?		26	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.		
	consolidated basis, or both:	,		
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit		
	review, or compilation of its financial statements and selection of an independent accountant?	dudinį	2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			5.0
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ale Andit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		<b>—</b>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	va aava	3b	

Form 990 (2014)

		(				(		_
SCHEDULE A		<b>Dublic Cha</b>	rity Status ar	od Dud	hlia Sr	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)			nization is a section 50					2014
	Ŭ		47(a)(1) nonexempt ch			or a section		<u> </u>
Department of the Treasury Internal Revenue Service		▶	Attach to Form 990 or	Form 990	-EZ,			Open to Public
			(Form 990 or 990-EZ) and					Inspection
Name of the organizati			MANITY OF GR	EATER	CENTI	RE		identification number
Part   Reason	COUR for Public	TY, INC.	(All organizations must c				2	5-1473184
						Be instruction:	8.	
The organization is not a								
			on of churches described	d in section	on 170(b)(	1)(A)(i).		
		tion 170(b)(1)(A)(ii).						
			anization described in s					
		zauon operated in co	njunction with a hospital	I described	ain sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and state 5 An organizati		lor the basefit of a se	liege or university owned					
		Complete Part II.)	wege of university owner	o or opera	teo by a go	overnmental u	nit describe	a n
			mental unit described in		<b>700.3743743</b>	4.5		
								- Julia da estila da la
•		Complete Part II.)	ntial part of its support f	iom a gov	emmentai	Unit or from ti	te general j	DUDIIC Geschoed in
		-	(1)(A)(vi). (Complete Par	+ II X				
			than 33 1/3% of its sup		antibutio	an memberal	nia fana an	d araan randiata fram
			ct to certain exceptions,					
			(less section 511 tax) fro					
		mplete Part III.)	Noss addition of 1 (dx) in	Jahr Gulainio	sses acqui	ied by the off	anizadori a	inei June 30, 1875.
			ively to test for public sa	felv See	saction 6/	10(a)/4)		
			ively for the benefit of, to				revort the	nurnesses of one or
			id in section 509(a)(1) o					
lines 11a thro	ugh 11d that	describes the type of	f supporting organization	n and com	inlete lines	11a 11f and	11a ⊔11a	Meek we box in
			upervised, or controlled					nivina
			gularly appoint or elect a					
		complete Part IV, Si					00 01 110 20	pporang
			for controlled in connect	tion with <b>i</b> t	s supporte	ed organizatio	n(s) hy hav	ina
			anization vested in the s					
		st complete Part IV,					in a cost	01.00
			g organization operated	in connec	tion with, a	and functional	lv integrate	d with.
			). You must complete I				,,	<b>u</b>
			porting organization oper				ted organiz	ration(s)
			ation generally must sat					
			nplete Part IV, Sections					
			written determination fro				I. Tvoe III	
			nally integrated supporti					
								[]
g Provide the following	ng information	n about the supporte	d organization(s).					
(i) Name of suppo	rted	(ii) EIN	(iii) Type of organization		rgenization	{v} Amount of	monetary	(vI) Amount of
organization			(described on lines 1-9 above or IRC section	governing	in your document?	support		other support (see
	•		(see instructions))	Yes	No	instruct	ons)	Instructions)
					1			_
·	· · · <u>-</u>		·····					
	· · ·							
· · · · · · · · · · · · · · · · · · ·			l National Anna anna a' Martalanna ann	and an end	and an and			
Tabai								
Total								

#### T FOR HUMANITY OF GREATER ( HABI NTRE

25-1473184 Page 2

Schedule A (Form 990 or 990 EZ) 2014 COUNTY, INC. 25-1473 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					•••	
	membership fees received. (Do not						
	include any "unusual grants.")	348,591.	236,443.	201,602.	220,173.	269,481.	1276290.
2	Tax revenues levied for the organ-				*		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	348,591.	236,443.	201,602.	220,173.	269,481.	1276290.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) Included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						21,886.
6	Public support. Subtract line 5 from line 4.						$\frac{21,000}{1254404}$
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					14911011
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	348,591.	236,443.	201,602.	220,173.	269,481.	1276290.
	Gross income from interest,				<u>HH072701</u>	200,401	10704901
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	789.	4,201.	7,490.	3,921.	3,301.	19,702.
9	Net income from unrelated business			,,,,,,,,,,	<i><b>J</b>,<b>J</b>41,</i>	5,3011	17,704.
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	99,464.	79,396.	83,672.	69,878.	77,307.	100 717
11	Total support. Add lines 7 through 10				09,070.	//,30/.	<u>409,717.</u> 1705709.
			na)		alah sering sering sering s		1705709.
	First five years. If the Form 990 is for			l farreik an Bible in.		12	
					•		
Sec	organization, check this box and stop tion C. Computation of Public	c Support Per	centage	*******			
14	Public support percentage for 2014 (li	ne 6. column (f) div	vided by line 11 .cc	himo (fi)		14	73.54 %
15	Public support percentage from 2013	Schedule A. Part I	l line 14	AUTIO (W		15	73.54 %
16a	33 1/3% support test - 2014. If the o	rganization did not	t check the box on	line 13 and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the o		-			or more, check this	
	and stop here. The organization quali						
<b>1</b> 7a	10% -facts-and-circumstances test	- 2014. If the ora:	appende organiza anization did not of	neck a box on line	19 160 or 184 -	nd line 14 in 1007 -	
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t	lest. The propriation	ion qualifice ce e e	ublick supported	ere. ∈xµ/am m Par organization	t vinow the organi	ization ⊾ [====]
h	10% -facts-and-circumstances test	- 2013 If the ever	nization did act of	unicity supported (			,
2	more, and if the organization meats the	- AVIO, RURUIGS A "facts and nizous	neteocos <sup>e</sup> toot of	Nok a DOX ON 1109	13, 168, 169, 0r 1	/ a, and line 15 is 1	U% 0F
	more, and if the organization meets th organization meets the "facts-and-circ	e lacisanu-circuit	he ergentration	RGK THIS DOX 200 €	stop nere. Explain	•	
18	Private foundation. If the organization	umatericas test. 1 n did not cheek a b	ne organization qu	16h 17c and 17th	y supported organ	ization	
		TOR HOL CHOCK & D	OV OF HID 19 105 103	, 100, 178, 0f 170,	Uneck this box ar	u see instructions	<b>P L</b>

## Schedule A (Form 990 or 990 EZ) 2014 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

1 Gits, grant, contributions, and 1 methacarby fees received. (Do not 1 methacarby fees received. (Do not 1 methada ary "unusual grants.) 2 Gross receipts from admission 3 Gross receipts from admission 4 methada the services of the servi	Cale	ndar year (or tiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
include any 'unusual ganta'.)	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions mechanics and admissions array activity this is related to the organization's izo-simple surpces 3 Gross receipts from admissions array activity this is related to the organization's izo-simple surpces 3 Gross receipts from admissions that are not an unrelated trade or trus- iness under sociol of 33 4 Tox revenues levid for the organ- ization's benefit and etter pad to or aspencide on its behaf 5 The value of asvices or families furnished by a governmental unit to the organization's factorial persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds form inest and arceved around a nace in a discussion around a nace in a discussion b Underline persons in an arceved and income form all and arounds and income form all and arounds and income form all and arounds and income form all and arounds around around a nace and around a nace around a		membership fees received. (Do not				]		
2 Gross receipts from admissions mechanics and admissions array activity this is related to the organization's izo-simple surpces 3 Gross receipts from admissions array activity this is related to the organization's izo-simple surpces 3 Gross receipts from admissions that are not an unrelated trade or trus- iness under sociol of 33 4 Tox revenues levid for the organ- ization's benefit and etter pad to or aspencide on its behaf 5 The value of asvices or families furnished by a governmental unit to the organization's factorial persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds included in lines 1, 2, and 3 naceved form discussing persons b Arounds form inest and arceved around a nace in a discussion around a nace in a discussion b Underline persons in an arceved and income form all and arounds and income form all and arounds and income form all and arounds and income form all and arounds around around a nace and around a nace around a		include any "unusual grants.")						
mechanicis and/or services performed, or achildes minister in any activity the lis related to the organization is accounting trappose.       Image: construction of the organization without charge.         3 Gress receipts from activities that are not an unellated trade of two granications level of two granications without charge.       Image: construction of the organization without charge.         5 The value of services or facilities functions without charge.       Image: construction of the organization without charge.       Image: construction of the organization without charge.         6 Total. Add lines 1 rough 5.       Image: construction of the organization without charge.       Image: construction of the organization without charge.       Image: construction of the organization without charge.         9 Add lines 7 and 7b       Image: construction of the organization without charge.       Image: construction of the organization without charge.       Image: construction of the organization without charge.         9 Add lines 7 and 7b       Image: construction of the organization without charge.       Image: construction of the organization without charge.       Image: construction of the organization without charge.         9 Add lines 7 and 7b       Image: construction of the organization without charge.       Image: construction of the organization without charge.       Image: construction of the organization without charge.         9 Add lines 7 and 7b       Image: constrecons from line 6theore from organization w	2	Gross receipts from admissions.		· · ·				······································
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organization's tax-axempt purpose								
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iess under section 513       image: ima	-	•						
4 Tax revenues level for the organization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 5 Devide support the setting to the organization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 6 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support paroentage for 2014 (file a, 2014 cganization's first, second, third, fourth, or fifth tax year as a section 501(cg3) organization. check this bac and stop there. 7 Public support par								
tation's benefit and either paid to or expended on its behalf	4	***********		·				
or expended on its behalf	-							
5 The value of services or facilities furnished by a governmental unit to the organization without chargs  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 modered from disqualified persons  b Movents included on lines 2 and 3 received  a received from disqualified persons  b Movents included on lines 2 and 3 received  a received from disqualified persons  b Movents included on lines 1 and 3 received  a received the disqualified persons  b Movents included on lines 1 and 3 received  a receive the disqualified persons  b Movents included on lines 2 and 3 received  a receive the disqualified persons  b Movents included on lines 2 and 3 received  c Add lines 7 a and 7 b  c Add lines 7 a and 7 b  c Add lines 7 and 7 b  c Add lines 6 and, income  for form line 6  c Add lines 10 and successe  b Unrelated business taxable income  (else section 511 taxe) from businesses  a reduction on the businesses  a reduction on the 10 discusses  a reduction on the 10 businesses  a reduction from the 6 discusses  a reduction on the 10 businesses  a reduction on the businesses  a reduction the sub-organi		•						
Lumished by a governmental unit to the organization without charge	5			·			łł	
ite organization without charge       6       Total. Add lines 1 through 5         6       Total. Add lines 1 through 5	J							
6       Total. Add lines 1 through 5         7a Amounts included on lines 1, 2, and 3 received from discullation depensons lut exceed the prater discultance to the day and second the target of the day and income from thinds to urbes and the target of the day and second the target of the day and second the target of the day and second the target of the day and the day and the								
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3 received from disquaillied persons       D. Amount include on line 2 and 3 received         b mount include on line 2 and 3 received       mount include on line 2 and 3 received         b mount include on line 2 and 3 received       mount include and line 2 and 3 received         b mount include on line 2 and 3 received       mount include and line 2 and 3 received         c Add lines 7 and 7 b       diamon 2         Section B. Total Support       (i) Total         9 Amounts from line 6       (i) Total         10a Gross income from interest.       (ii) Cotal         dividends, payment resolved on section form singers       mount include and 10 b         10a Gross income from singers       mount include a line 10 b, 1975         c Add lines 10a and 10b       mount include gain or not include gain or loss form business and line on interest.         11 Net income from mines estimates and 10b       mount include gain or loss form the sale of capital ansets (continue and 10b)         12 Other income. Do not include gain or loss 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         13 Total Support preventage for 2014 (line 8, column (f) divided by line 13, column (f)       15         14 First five years. If the Form 930 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         15 Public support preventage fo								······
b Answeris included on line 2 and 3 received them once this degual deposes but second in the stage and poses but second in the 3 for the year o Add lines 7a and 7b	78							
text of the degradined percent but exceed the generater of \$3000 ext of the degradined percent of \$4000 ext of \$40000 ext of \$40000 ext of \$4000 ext of \$40000 ext of \$40000 ext of \$4	1.	· •						
exceed the prater of \$3.000 or \$% of the mean state the year as a section \$1.000 (b) 2011       (c) 2013       (c) 2014       (f) Total         8       Public support (seasure kermage)       (a) 2010       (b) 2011       (c) 2013       (e) 2014       (f) Total         9       Amounts from line 6       (a) 2010       (b) 2011       (c) 2013       (e) 2014       (f) Total         9       Amounts from line 6       (a) 2010       (b) 2011       (c) 2013       (e) 2014       (f) Total         9       Amounts from line 6       (a) 2010       (b) 2011       (c) 2013       (e) 2014       (f) Total         9       Amounts from line 6       (a) 2010       (b) 2011       (c) 2013       (e) 2014       (f) Total         0       Garcas income from interest, dividends, payments received on securities chans, rents, royalies and income from unrelated business and income from unrelated business and unrelated business and unrelated business and the one and 10b       (c) 404 lines 10a and 10b       (c) 404 lines 10a and 10b       (c) 404 lines (c) 404 lines 10a and 10b       (c) 404 lines (c) 404 lines 10a and 10b       (c) 404 lines (c) 404 line 10b, whether on to the business is regularly carried on include gain or lockude gain and the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       (c) 404 lines (c)(3) organization, check this box and tap here. The organization (c) 116       (g) 404 line 10, colu	D							
a Add lines 7a and 7b       a Add lines 7a and 7b         3 Public support (seavesting themings)       (a) 2010       (b) 2011       (c) 2012       (d) 2013       (e) 2014       (f) Total         9 Amounts from line 6       (b) 2011       (c) 2012       (d) 2013       (e) 2014       (f) Total         10a Gross income from inlarest, dividends, payments received on securities loans, rents, royallies and licome from similar sources       b       (c) 2012       (d) 2013       (e) 2014       (f) Total         b Unrelated tusiness taxble income       (e) section 511 taxes) from business activities not include gain or loas from unrelated business is acquired alter June 30, 1975       c       Add lines 10a and 10b       c       c       c       c       c       dividends, payments received on securities or include gain or loas from unrelated business is acquired alter June 30, 1975       c       Add lines 10a and 10b       c		exceed the greater of \$5,000 or 1% of the						
8       Public support (sites large the gelgining in) ▶       (a) 2010       (b) 2011       (c) 2012       (d) 2013       (e) 2014       (f) Total         9       Amounts from line 6       (d) Gross income from interest, dividends, payments received on securities lears, rents, royallies and income from similar sources       (d) Vietnest       (e) 2014       (f) Total         0       Brown form similar sources       (e) 2014       (f) Total       (f) Total         0       Brown form similar sources       (f) Total       (f) Total       (f) Total         0       Brown form similar sources       (f) Total       (f) Total       (f) Total         0       Unrelated business taxable income       (f) Total       (f) Total       (f) Total         11       Net income from similar sources       (f) Total       (f) Total       (f) Total         12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).       (f) Total support, (f) the system of the form 900 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       (f) Total         13       Total support percentage for 2014 (fine 8, column (f) divided by line 13, column (f))       (f) 5       (f) 5         14       First five years. If the Form 900 is for the organization's first, secound, thind, fourth, or fifth tax year as a section 5		amount on line 13 for the year						
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10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources <ul> <li>b Unrelated business taxable income</li> <li>(less section 511 taxes) from businesses</li> <li>acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support, load uses 9, toe, 11, and 12.)</li> <li>14 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.</li> <li>Section D. Computation of Public Support Percentage</li> <li>15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))</li> <li>16 Public support percentage for 2014 (line 10c, column (f) divided by line 13, column (f))</li> <li>17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))</li> <li>17 Investment income percentage for 2013 Schedule A, Part III, line 17</li> <li>18 Investment income percentage for 2013 Schedule A, Part III, line 17</li> <li>18 Investment income percentage for 2013 Schedule A, Part III, line 17</li> <li>18 Investment income percentage for 2013 Schedule A, Part III, line 17</li> <li>19a 33 1/3% support tests - 2014. 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</li> <li>b 33 1/3% support tests - 2014. If the organization did not check ta box on line 14 or line 18a, and line 16 is</li>			<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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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 VI.)         13 Total support. (Add lines 9, 10c, 11, and 12)         14 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         15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))       15         16 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))       15         16 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))       17         18 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))       17         18 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))       17         19a 33 1/3%, support tests - 2014. 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 - 2013. 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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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whether or not the business is regularly carried on	11	Net income from unrelated business						
regularly carried on       12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)         13       Total support. (Add lines 9, t0c, 11, and 12)       13         14       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       Image: check this box and stop here         15       Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))       15       9/4         16       Public support percentage for 2013 Schedule A, Part III, line 15       16       9/4         17       Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))       17       9/6         18       Investment income percentage form 2013 Schedule A, Part III, line 17       18       9/6         18       Investment income percentage form 2013 Schedule A, Part III, line 17       18       9/6         19a 33 1/3% support tests - 2014. 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       Image: Check this box and stop here. The organization qualifies as a publicly supported organization       Image: Check this box and stop here. The organization qualifies as a publicly supported organization								
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assets (Explain in Part VI.)       13       Total support. (Add times 9, 10c, 11, and 12.)         14       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       9/4         16       9/4         17       Investment income percentage for 2013 Schedule A, Part III, line 15         18       9/4         19       10         19       10         10       10         11       11         12       12         13       13         14       13         15       13         16       9/4         17       16         18       9/4         19       10         19       33         1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33         1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33         1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33         1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is	12	Other income. Do not include gain						
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check this box and stop here          Section C. Computation of Public Support Percentage         15       Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))         16       Public support percentage from 2013 Schedule A, Part III, line 15         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))         18       Investment income percentage from 2013 Schedule A, Part III, line 17         18       Investment income percentage from 2013 Schedule A, Part III, line 17         19a 33 1/3% support tests - 2014. 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 - 2013. 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								
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16       Public support percentage from 2013 Schedule A, Part III, line 15       16       %         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))       17       %         18       18       %         19a 33 1/3% support tests - 2014. 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 - 2013. 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       >	15	Public support percentage for 2014 (li	ne 8, column (f) div	ided by line 13, co	olumn (i))		15	%
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<ul> <li>18 Investment income percentage from 2013 Schedule A, Part III, line 17</li> <li>19a 33 1/3% support tests - 2014. 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</li> <li>b 33 1/3% support tests - 2013. 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</li> </ul>					e 13. column (f)		17	
<ul> <li>19a 33 1/3% support tests - 2014. 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</li> <li>b 33 1/3% support tests - 2013. 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</li> </ul>	18	Investment income percentage from 2	013 Schedule A. f					
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b 33 1/3% support tests - 2013. 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		more than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publiciv s	upported organiza	tion	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
	20	Private foundation. If the organization	n did not check a t	<u>iox on lin</u> e 14, 19a	, or 19b, check thi	s box and see inst	tructions	



### Schedule A (Form 990 or 990 EZ) 2014 COUNTY , Part IV | Supporting Organizations

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

INC.

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? // "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? // "Yes," complete Part I of Schedule L (Form 990),
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3а 3b 3c 4a 4b 4c 5a 5b 5с 6 7 8 9a 9b 90 10a

10b

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		<u>25-147318</u>	4 Pa	age 5
Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a			8090	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	110		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
		<b></b>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		<u></u>	
Ree	the supported organization(s).	. 1	:	
500	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	- 414.874 -		
~	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1.1.1.1.1.1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		- 19.4	
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
З	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's		SOSE.	영문사공
Sec	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	uctions):		
a L	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Astivities Test	see instructions).		<del></del>
2	Activities Test. Answer (a) and (b) below.	- 100 (100 - 100 -	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1 BACK	1877)se	
h	that these activities constituted substantially all of its activities.	<b>2a</b>	1.1.5	
ņ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		444 4	84° A.Y
3	activities but for the organization's involvement.	<b>2b</b>	gl	
з а	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Brouids details in a support			94(44) (974)
b	trustees of each of the supported organizations? Provide details in <i>Part VI</i> , Did the organization exercise a substantial degree of direction exercise and each with the second end of the seco	<u>3a</u>	1945-0	20.00
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		2999	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>		

1	Int V Type III Non-Functionally Integrated 509(a)(3) Supportin			-47 4/1
1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non functionally integrated supporting organizations must a			ctions. All
Sec	other Type III non-functionally integrated supporting organizations must on tion A - Adjusted Net Income	опресе с	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		Jophoned
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year);	104 fe 144 202		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
Ċ	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2		2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7	,	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	. <u> </u>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		······
	Income tax imposed in prior year	5		
5		~		
5 6	Distributable Amount, Subtract line 5 from line 4, unless subject to			

HABI T FOR HUMANITY OF GREATER ( NTRE

#### HABI T FOR HUMANITY OF GREATER ( NTRE COTIN 1110

ection D - Distributions			inizations (continued)	Current Year
1 Amounts paid to supported organizations	to accomplish exe	empt purposes		
2 Amounts paid to perform activity that dire				
organizations, in excess of income from a				
3 Administrative expenses paid to accompl	ish exempt purpos	es of supported organization	S	
4 Amounts paid to acquire exempt-use ass	ets			
5 Qualified set-aside amounts (prior IRS app	proval required)			
Other distributions (describe in Part VI).	See instructions.			
7 Total annual distributions. Add lines 1 t	hrough 6.			
B Distributions to attentive supported organ	nizations to which t	the organization is responsive		
(provide details in Part VI). See instruction	ns.			
9 Distributable amount for 2014 from Section	on C, line 6			
0 Line 8 amount divided by Line 9 amount				
ection E - Distribution Allocations (see instr	uctions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section	on C, line 6			201000111101 2014
2 Underdistributions, if any, for years prior t				
(reasonable cause required see instruction				
3 Excess distributions carryover, if any, to 2				
a				
d				
C				
d				
e From 2013				
f Total of lines 3a through e				
g Applied to underdistributions of prior year	\$			
h Applied to 2014 distributable amount				
i Carryover from 2009 not applied (see inst	ructions)			
j Remainder. Subtract lines 3g, 3h, and 3i f				
Distributions for 2014 from Section D,	· · · · · · · · · · · · · · · · · · ·			
line 7: \$				
a Applied to underdistributions of prior year	s	一般之前的自己的问题。		
b Applied to 2014 distributable amount		一些相称。1998年1月1日日		
c Remainder. Subtract lines 4a and 4b from	4.			
Remaining underdistributions for years pri	or to 2014, if			
any. Subtract lines 3g and 4a from line 2 (	if amount			
greater than zero, see instructions).				
Remaining underdistributions for 2014. Su	Ibtract lines 3h			
and 4b from line 1 (if amount greater than				
instructions).		100.38000点的32.269		
Excess distributions carryover to 2015.	Add lines 3j			
and 4c.	-			
Breakdown of line 7:				
a				
b		· 法律师问题的问题。		
c				
d Excess from 2013				
e Excess from 2014		an a		

Schedule A	(Form 990 or 990-EZ) 2014	4 COUNTY, INC	•		NTRE 25-14	173184 Page 8
Part VI	Supplemental Infor Also complete this part for	mation. Provide the e or any additional informa	explanations required tion. (See instructions	by Part II, line 10; Part II ).	l, line 17a or 17b; and F	art III, line 12.
-			•	• • • • • • • • • • • • • • • • • • • •		
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		<u> </u>	·····			
		·····	<u>.</u>		·	
				·*····		

Schedule B (Form 990, 990-EZ,	Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF.	OMB No. 1545-0047
or 990-PF) Department of the Treasury Internel Revenue Service	<ul> <li>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</li> </ul>	2014
	M HABITAT FOR HUMANITY OF GREATER CENTRE COUNTY, INC.	Employer Identification numbe
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)( any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, itor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from
For an organizat	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from a butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educ	any one contributor, during the ational purcoses, or for

the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 
\$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule 8 (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)		Page 2
Name of or HABIT.	ganization AT FOR HUMANITY OF GREATER CENTRE		Employer identification number
	Y, INC.		25-1473184
Part I	Contributors (see instructions). Use duplicate copies of Part 1 if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1	CENTRE COUNTY COMMUNITY FOUNDATION 2601 GATEWAY DRIVE	- \$6,3	Person X Payroll C 63. Noncash C
	STATE COLLEGE, PA 16801	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		- \$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		- \$\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		- \$\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		-   \$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)

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				(
chedule B	(Form 990,	990-EZ, c	r 990-PF) (2	2014)

Schedule	( B (Form 990, 990-EZ, or 990-PF) (2014)	(	D <b>3</b>
Name of or HABIT	ganization AT FOR HUMANITY OF GREATER CENTRE Y, INC.		Page 3 Employer identification number 25-1473184
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	{c) FMV (or estimate (see instructions	
		**************************************	
(a) No. from Part [	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part (	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions)	
		   \$	

Sebedula B	( (Form 990, 990-EZ, or 990-PF) (2014)		(					
Name of org			Pag Employer identification number					
HABITA	T FOR HUMANITY OF GREAT	ER CENTRE						
COUNTY			25-1473184					
Part III	the year from any one contributor. Complete c	olumns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or (	less for the year. (Enter Uils info. once) 🕨 S					
(a) No.								
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			[					
·								
Γ	and the second sec	(e) Transfer of gift	t					
-	Transferee's name, address, an	<u>d ZIP + 4</u>	Relationship of transferor to transferee					
	····	·····.						
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		· · · · · · · · · · · · · · · · · · ·						
			·····					
	(e) Transfer of gift							
	ter manaler of girt							
	Transferee's name, address, and	<u>d ZłP +</u> 4	Relationship of transferor to transferee					
		<u> </u>						
(a) No. from	(b) Purpose of gift							
Part [		(c) Use of gift	(d) Description of how gift is held					
	·····							
		·						
	(e) Transfer of gift							
		1700						
	Transferee's name, address, and		Relationship of transferor to transferee					
	······································							
(a) No.			· · · · · · · · · · · · · · · · · · ·					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
.								
-		·····						
	(e) Transfer of gift							
	ter manaler bi girt							
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee					
-		[						
-								

(		(				
SCHEDULE D Supplement	OMB No. 1545-0047					
(Form 990) ► 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.						
Department of the Treasury f Department of the Treasury f						
Information about Schedule D (For Name of the organization HABITAT FOR HUMANI	rm 990) and its in	Istructions is at www.irs.go				
COUNTY, INC.				pioyer identification number 25-1473184		
Part I Organizations Maintaining Donor Advise	d Funds or O	ther Similar Funds or A	\ccour	nts. Complete if the		
organization answered "Yes" to Form 990, Part IV, lin	e 6.					
	(a) Dono	r advised funds	(b) Fur	nds and other accounts		
1 Total number at end of year						
2 Aggregate value of contributions to (during year)						
3 Aggregate value of grants from (during year)						
4 Aggregate value at end of year	[					
5 Did the organization inform all donors and donor advisors in						
are the organization's property, subject to the organization's	exclusive legal co	introl?		Yes 🔛 No		
6 Did the organization inform all grantees, donors, and donor a						
for charitable purposes and not for the benefit of the donor o			-			
Impermissible private benefit?           Part II         Conservation Easements.         Complete if the one of the second s			/ F	Yes No		
			/, Ine /.			
Purpose(s) of conservation easements held by the organization     Preservation of tand for public use (e.g., recreation or e						
Protection of natural habitat	Cucation [	Preservation of a historica				
Preservation of open space	L	Preservation of a certified	nistoric	structure		
<ul> <li>Complete lines 2a through 2d if the organization held a qualit</li> </ul>	and conconvotion	contribution in the form of a c		tion occurrent on the last		
day of the tax year.	HEU CURISEI VARUET	contribution in the form of a c	onserva	tion easement on the last		
			1.225	Held at the End of the Tax Year		
a Total number of conservation easements			2a	ILGIQ AV HIG LINU OF THE TAX ICAL		
• • • •			- E	·····		
c Number of conservation easements on a certified historic stru	ucture included in	(a)	20			
d Number of conservation easements included in (c) acquired a				•		
listed in the National Register			2d			
3 Number of conservation easements modified, transferred, rel	eased, extinguish	ed, or terminated by the orga	nization	during the tax		
year 🕨				v		
4 Number of states where property subject to conservation easily						
5 Does the organization have a written policy regarding the per	iodic monitoring,	inspection, handling of				
violations, and enforcement of the conservation easements it				Yes No		
6 Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing cor	servation easements during	lhe year	►		
7 Amount of expenses incurred in monitoring, inspecting, and e	enforcing conserv	ation easements during the y	ear 🕨	\$		
8 Does each conservation easement reported on line 2(d) abov						
and section 170(h)(4)(B)(i)?	•••••••••••••••••••			Yes No		
9 In Part XIII, describe how the organization reports conservative include, if applicable, the text of the factorial to the second s						
include, if applicable, the text of the footnote to the organizat conservation easements,	ion's financial sta	tements that describes the or	ganizatio	on's accounting for		
Part III Organizations Maintaining Collections of	Art Historic	Tressures or Other	Simila	r Accote		
Complete if the organization answered "Yes" to Form			Sintina	Masels.		
1a If the organization elected, as permitted under SFAS 116 (AS			nd hala-			
historical treasures, or other similar assets held for public exh	ibition education	on mission in furtherance of	no Dalar Foublic d	ce sheet works of an,		
the text of the footnote to its financial statements that descrit			public :	service, provide, in Fait All,		
b If the organization elected, as permitted under SFAS 116 (AS		o its revenue statement and t	alance	sheet works of art historical		
treasures, or other similar assets held for public exhibition, ec	lucation, or resea	ich in furtherance of public se	rvice. or	ovide the following amounte		
relating to these items:	· · · · · · · · · · · · · · · · · · ·		, 1100, pi	ondo the following amounte		
(i) Revenue included in Form 990, Part VIII, line 1			. 🕨 :	\$		
(ii) Assets included in Form 990, Part X			. 🕨 :	\$		
2 If the organization received or held works of art, historical trea	sures, or other si	milar assets for financial gain.	provide	· · · · · · · · · · · · · · · · · · ·		
the following amounts required to be reported under SFAS 11			-			
			. 🕨 :	t		
I Access to the termination of the second second second		***************************************		ß		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Sebadula E	HABIT? (Form 990) 2014 COUNTY	FOR HUMAN	ITY OF	GREATE	RCI 'R		-147318	4
	Organizations Maintaining		t Histori	cal Treasu	ree or Oth	er Similar Ac		± ⊢a(
	g the organization's acquisition, acces ck all that apply):	sion, and other record	is, check an	ly of the tollow	nng that are a	significant use o	Fits collection	items
í com	Public exhibition		. <b>—</b>					
		•		an or exchang				
	Scholarly research	•	e [] Orr	hêr				
	Preservation for future generations							
	ide a description of the organization's						Part XIII.	
	ig the year, did the organization solicit					ar assets	<u> </u>	·
to be	sold to raise funds rather than to be r	naintained as part of t	he organiza	tion's collection	on?		Yes	
Faltry	Escrow and Custodial Arra	ngements, Compl	lete if the org	ganization and	swered "Yes" t	o Form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, P							
	e organization an agent, trustee, custo							
on Fo	orm 990, Part X?						Ves	X
b If "Ye	es," explain the arrangement in Part XI	and complete the fo	Rowing table	9:				
							Amoun	t
c Begir	nning balance					1c		
d Addit	tions during the year					1d		
e Distri	butions during the year					1e		
f Endir	ng balance					1f		
2a Did th	he organization include an amount on	Form 990, Part X, line	21. for esci	row or custod	ial account liat	oility?	X Yes	
	s," explain the arrangement in Part XI							X
Part V	Endowment Funds. Complete	if the organization ar	swered "Ye	s" to Form 99	0. Part IV. line	10.	*******	
		(a) Current year	(b) Prior			(d) Three years	back (a) Four	Meare
ta Begir	ning of year balance			you 101	THE YOU'S DUCK	(a) mice years	Vaux (e) Vu	yeara
	ributions				· · ·			
	vestment earnings, gains, and losses		····					
	ts or scholarships					··· <b>·</b>		
			· · · · · · · · · · · · · · · · · · ·					
	r expenditures for facilities							
	brograms							~ <u> </u>
	nistrative expenses		· ·······					
	of year balance		l					
	de the estimated percentage of the cu		e (line 1g, co	olumn (a)) heid	i as:			
	d designated or quasi-endowment		%					
	anent endowment 🕨	%						
с Төтр	orarily restricted endowment 🕨	%						
	ercentages in lines 2a, 2b, and 2c sho							
3a Are th	here endowment funds not in the poss	ession of the organiza	ation that are	e held and adi	ministered for	the organization		
by:								Yes
(i) ui	nrelated organizations	*****					3a(i)	
(ii) re	alated organizations						3a(ii)	
b If "Ye	s" to 3a(ii), are the related organization	is listed as required o	n Schedule	8?			3b	
4 Descr	ibe in Part XIII the intended uses of th	e organization's endo	wment fund	le.				1
Part VI	Land, Buildings, and Equipr	nent.						
	Complete if the organization answer		Part IV line	e 11a See Fo	rm 990. Parl X	line 10		
	Description of property	(a) Cost or o		(b) Cost or of			( - 1) [] 1	
	Beschption or property	basis (investr	1	basis (other		Accumulated lepreciation	(d) Bool	k vaiue
1a Lood	······································	·	nony	Dasis (Utile)				
				450 0		101 000		4 4 -
D Buildii	ngs	····		456,0		101,829.		$\frac{1}{1}, 1$
	hold improvements			116,8		28,460.		3, 41
	ment			63,4	105.	60,822.		2,58
e Other		6314						
	ines 1a through 1e. (Column (d) must							

Schedule D (Form 990) 2014

Part VIII       Investments - Other Securities.         Complete If the organization answerd Yes' to Form 900, Part X, line 12.         (a) Decorption of Security or classory callegory neutring summarizes wave in the organization answerd Yes' to Form 900, Part X, line 12.         (b) Decorption of Security or classory callegory neutring summarizes wave in the organization answerd Yes' to Form 900, Part X, line 12.         (c) Other         (c) Other Section of Investment         (c) Other Section of Investment         (c) Other Section         (c) Other Se		HABITX		HUMANITY	OF (	GREATER	CL	RE	
Complete the ergenization answered "Ves" to Form 900, Part M, Jine 11b. See Form 900, Part X, Jine 12.           (a) Description dequity interests         (a) Becht water           (b) Description dequity interests         (b) Boch value           (c) Other         (c) Mathed of valuation: Cost or end of year market value           (c) Other         (c) Mathed of valuation: Cost or end of year market value           (c) Other         (c)           (c)         (c) <td></td> <td>COUNTY,</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td>25-1473184 Page</td>		COUNTY,		•					25-1473184 Page
(a) Description of sexual your decises are accessed (b) Block value (c) Marked of valuation: Cost or end of year market value (c) Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Market of valuation: Cost of end of year market value (c) Cos									
(1) Finnel denvalues	(a) Description of security or calegon	ization answere	d "Yes"						
(2) Closely-ind oquity interests (3) Office (3) Office (4) (4) (5) (5) (6) (6) (7) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7				(D) BOOK VAIL	10	(c) Meth	log of v	aluation: Cost	or end-of-year market value
(6) Cloar     (7)     (7)     (9)	(2) Closelyhold equily interests							····	
(A)       (B)         (B)       (B)         (C)       (C)         (D)       (C)         (E)       (D)         (D)       (		····		· · ·					
18									····
CG						<u>,</u>	·		
(6)       (3)         (7)       (3)         (7)       (3)         (7)       (7)         (7)       (7)         (8)       (9)         (9)       Description of investments - Program Related.         (9)       Description of investment         (9)       Description of investment         (9)       Description of investment         (9)       Executive of investment         (1)       Executive of investment         (2)       Executive of investment         (3)       Executive of investment         (4)       Executive of investment         (5)       Executiv									
IP       (G)         (G)       (G	(D)								
(G)       (G)         (B4)       (C), (D) must equel Form 990, Part X, ed. (B) line 12,)         Part VIIII Investments - Program Related.       (e) Description of investment         (a) Description of investment       (b) Book value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (f)         (g)       (g) Description         (h)       (g) Description         (h)       (g) Description         (g)       (g) Description         (h)       (g) Description         (g)       (g) Description of itability         (h)       (h) Description of itability <td>(E)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>••••</td> <td></td>	(E)							••••	
(1)       Total. (Col. (c) must equal Form 990, Part X, col. (3) line 12.)         Part VIIII Investments - Program Related.       (c) Mathod of valuation: Cost or end of year market value         (a) Description of investment       (b) Book value         (c)       (c) Mathod of valuation: Cost or end of year market value         (f)       (c) Mathod of valuation: Cost or end of year market value         (f)       (c) Mathod of valuation: Cost or end of year market value         (f)       (c) Mathod of valuation: Cost or end of year market value         (f)       (c) Mathod of valuation: Cost or end of year market value         (f)       (c)         (g)       <									
Total: (Col. (1) must equal Form 990, Part X, col. (3) line 12.)         Part VIIII Investments - Program Related.         Complete if the organization answered "Yet" to Form 990, Part IV, line 11c, See Form 990, Part X, line 13.         (a) Description of investment         (b) Book value         (c) Description of investment         (d) Description of investment		······							
Part VIII       Investments - Program Related.         Comolete if the organization answerd "Yee" to Form 990, Part IV, line 11c, Sae Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (c) Method of valuation: Cost or end-of-year market value         (d)       (c) Method of valuation: Cost or end-of-year market value         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (h)       (c)         (g)       (c)         (g)       (c)         (h)       (c)         (g)       (c)         (h)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g)       (c)         (g) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
(b) Bosk value         (c) Method of valuation: Cost or end of year market value           (1)         (c)         (c)           (3)         (c)         (c)           (6)         (c)         (c)           (6)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (7)         (c)         (c)           (a)         (c)         (c)           (b)         (c)         (c)           (a)         (c)         (c)           (a)         (c)         (c)           (b)         (c)         (c)           (c)	Part VIII Investments - Pr	ogram Relat	ted.						
(1)       (2)         (3)       (4)         (6)       (5)         (7)       (6)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (9)         (9)       (9)         (11)       (9)         (12)       (14)         (13)       (15)         (14)       (14)         (15)       (15)         (16)       (17)         (17)       (16)         (18)       (19)         (19)       (11)         (10)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (11)       (11)         (12)       (11)         (13)       (12)         (14)       (12)         (15)       (12)	Complete if the organi	ization answered	<u>1 "Yes" t</u>	o Form 990, Part I	V, line 1				
(2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         (9)       (1)         (9)       (1)         (9)       (1)         (9)       (1)         (9)       (2)         (9)       (2)         (9)       (2)         (9)       (2)         (1)       (2)         (3)       (2)         (6)       (2)         (7)       (2)         (3)       (2)         (4)       (2)         (5)       (2)         (6)       (2)         (7)       (3)         (6)       (2)         (7)       (3)         (6)       (2)         (7)       (3)         (8)       (9)         (9)       (1) Federal income taxes         (1)       Federal income taxes         (2)       (3)         (4)       (4)         (5)       (5)         (6)       (6)         (7)       (9)         (1)       Federal income taxe		esiment		(b) Book valu	e	(c) Meth	od of v	aluation: Cost	or end-of-year market value
(3)       (4)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (1)       (1)         (2)       (1)         (3)       (2)         (3)       (1)         (4)       (1)         (5)       (1)         (6)       (1)         (7)       (1)         (6)       (1)         (7)       (2)         (6)       (2)         (7)       (2)         (8)       (1)         (9)       (1)         Part X       Other Liabilitiles.         Complete if the organization answered "Yes" to Form \$60, Part IV, line 11e or 11f. See Form \$90, Part X, line 25.         (1)       Federal income taxes         (2)       (2)         (3)       (1)         (4)       (2)         (3)       (2)         (4)       (2)         (5) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
(4)       (5)         (6)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (8)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (9)       (9)         (1)       (9)         (1)       (9)         (1)       (9)         (1)       (9)         (2)       (9)         (3)       (9)         (4)       (9)         (5)       (6)         (7)       (9)         (6)       (9)         (7)       (9)         (9)       (9)         (1)       Federal income taxes         (2)       (1)         (1)       Federal income taxes         (2)       (9)         (9)       (9)         (1)       Federal income taxes         (2)       (1)         (1)       Federal income taxes         (2)       (9)         (9)									
(6)       (7)         (7)       (8)         (9)       (9)         (9)       (9)         (11)       (9)         (12)       (12)         (11)       (9)         (12)       (9)         (11)       (9)         (12)       (9)         (12)       (9)         (12)       (9)         (12)       (12)         (13)       (12)         (14)       (12)         (15)       (12)         (16)       (12)         (17)       (12)         (18)       (11)         (19)       (11)         (10)       (12)         (11)       (12)         (12)       (12)         (14)       (12)         (15)       (12)         (16)       (12)         (17)       (13)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (12)         (12)       (13)         (13)       (14)         (14)       (15)         (15)       (12)								·	
(6)       (7)         (8)       (9)         (9)       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" to Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (a)       (b) Book value         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. Column (b) nust equal Form 990. Part X, col. (f) line 15.       (c)         (9)       (c)       (c)         Total. Column (b) nust equal Form 990. Part X, col. (f) line 15.       (c)         Part X       Other Liabilities.       (c)         Complete if the organization answered "Yes" to Form 990, Part IV, line 116 or 11f. See Form 990, Part X, line 25.       (e) Book value         (1)       Federal income taxes       (c)       (d)         (9)       (b) Book value       (f)         (6)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (6)       (c)       (c)       (c)									
(?)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (a)         Part IX       Other Assets.         Complete if the organization answered "Yes" to Form 990, Part N, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a)         (2)       (b) Book value         (3)       (c)         (6)       (c)         (7)       (c)         (7)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (1) Federal income taxes       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c) <td></td> <td></td> <td></td> <td><u>.</u>.</td> <td></td> <td></td> <td></td> <td></td> <td></td>				<u>.</u> .					
(8)       (9)         (9)       (1)         (11)       (11)         (11)       (11)         (11)       (11)         (12)       (11)         (11)       (11)         (12)       (11)         (12)       (11)         (11)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (12)       (12)         (13)       (12)         (14)       (12)         (15)       (12)         (16)       (12)         (17)       (12)         (18)									
(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 V, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part V, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of Hability (b) Book value (c) 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 Hability (b) Book value (c) (c) Description of Hability (b) Book value (c) Description of Hability (c) Book value (c) Description (c) Descrip		······							
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)       (b) Book value         (c)       (c)         (c)       (c) <td></td> <td></td> <td></td> <td>11</td> <td></td> <td></td> <td></td> <td></td> <td></td>				11					
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)       (b) Book value         (c)       (c)         (c)       (c) <td>Total. (Col. (b) must equal Form 990, Pa</td> <td>art X, col. (B) line</td> <td>13.] ►</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Total. (Col. (b) must equal Form 990, Pa	art X, col. (B) line	13.] ►						
(a) Description       (b) Book value         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.         Complete if the organization answered "Yes" to Form 980. Part IV, line 11e or 11f. See Form 950. Part X, line 25.         1       (a) Description of Nability         (b) Book value       (c)         (1) Federal income taxes       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c) <td< td=""><td>Part IX Other Assets.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Part IX Other Assets.								
(1)       (2)         (3)       (4)         (5)       (6)         (7)       (6)         (8)       (7)         (8)       (7)         (9)       (7)         Part X       Other Liabilities.         Complete if the organization answered "Yes" to Form 980, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Desoription of Hability         (b) Book value       (b) Book value         (1) Federal income taxes       (a)         (2)       (b) Book value         (3)       (b)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (21)       (c)         (9)       (c)         (1) For tarial statements that reports the	Complete if the organi	zation answered	l "Yes" t	o Form 990, Part P	V, line 1	id. See Form	990, P	art X, line 15.	
(2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) ruist equal Form 990. Part X, col. (B) line 15.)       (6)         Part X       Other Liabilities.         Complete if the organization answered "Yes" to Form 960. Part IV, line 11e or 11f. See Form 990. Part X, line 25.         1.       (a) Description of Hability         (b) Book value       (b) Book value         (1) Federal income taxes       (c)         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (b) Book value         (b) Book value       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (b) Book value       (c)         (c)       (c)	•		(a) (	Description					(b) Book value
(3)       (4)         (5)       (6)         (7)       (7)         (8)       (9)         Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (8)         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.         1.       (a) Description of Hability         (b) Book value       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (3)         (4)       (5)         (6)       (7)         (7)       (9)         (9)       (9)         (10) Exercise Storn 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				w					
(4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.)       >         Part X       Other Liabilities.         Complete if the organization answered "Yes" to Form 980, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (b) Book value       (c)         (c) Lability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		···				····			
(5)       (6)         (7)       (8)         (8)       (9)         Fotal. (Column (b) 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.       ►         1       (a) Description of Itability       (b) Book value         [1]       Federal income taxes       (b)         (2)       (a)       (b)         (3)       (b)       (c)         (4)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (7)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (2)       (c)       (c)									
(6)       (7)         (8)       (9)         Total. (Column (b) roust equal Form 990. Part X, col. (F) line 15.)       (9)         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       (b) Book value         (2)       (1) Federal income taxes         (2)       (3)         (4)       (1)         (5)       (6)         (7)       (9)         Fotal. (Column (b) must equal Form 990. Part X, col. (B) line 25.)       (b)         Part X Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				·····					
(7)       (8)         (9)       Total. (Column (b) roust 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.         1.       (a) Description of Hability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2.         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         2.         2.         2.         3.         4.         (b) must equal Form 990, Part X, col. (B) line 25.)         (c)         (b) must equal Form 990, Part X and (B) line 25.)         (c)         (c)         (c)         (c)         (c)         (c)									<u></u>
(8)       (9)         Fotal. (Column (b) 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.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (a)         (b) Explore the tax positions. In Part X[II, provide the text of the footnote to the organization's financial statements that reports the			-	······					
(9)      Total. (Column (b) 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)      Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)      Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the									······
Total. (Column (b) 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.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		<b>_</b>				<b>.</b>			
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes	Total. (Column (b) must equal Form	990. Part X. col.	(B) line	15.)					
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes	Complete if the organiz	zation answered	"Yes" to	p Form 990, Part IV	/, line 11	le or 11f. See	€ Form	990, Part X. lir	ne 25.
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         (9)       (7)         (2)       (9)         P. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		ription of liability		·····					
(3)       (4)         (4)       (5)         (6)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, cot. (B) line 25.)       ▶         A. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the									
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ►         A. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the									
(5)       (6)         (7)       (8)         (8)       (9)         (9)       (6)         • Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					<b> </b>				
(6)       (7)         (8)       (9)         Fotal. (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		····.			<u> </u>				
(7)         (8)         (9)         Fotal. (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									
(8) (9) Fotal. (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						<u> </u>			
(9) <u>Fotal. (Column (b) must equal Form 990, Part X. col. (B) line 25.)</u> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				······	<u> </u>	ч			
Fotal. (Column (b) must equal Form 990, Part X. col. (B) line 25.)         P. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the									
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					. <u> </u>				
a stream of the organization's time and any provide the text of the record to the organization's timencial statements that reports the	<ul> <li>Liability for uncertain tay position</li> </ul>	<u>990, Part X. Col.</u> ne. lo Bort XIII	(B) line i vovide *	20.j		h		an a	
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	organization's liability for upcost	ain tay positiona			Nacht	ne organizati	UNSUN	ancial stateme	ents that reports the been provided in Part XIII

	HABITZ FOR HUMANITY OF GF	REATER CI	'RE		
Sche	dule D (Form 990) 2014 COUNTY, INC.			25-1473184	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Rev	enue per Re	turn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1 397	,242.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
c	Recoveries of prior year grants	20			
d	Other (Describe in Part Xill.)	. 2d	80,226,		
е	Add fines 2a through 2d				,226.
3	Subtract line 2e from line 1			3 317	,016.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b		-		
b	Other (Describe in Part XIII.)	. 4b	75,977.		
С	Add lines 4a and 4b			4c 75	5,977.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		,993.		
Ра	t XII Reconciliation of Expenses per Audited Financial Statem		penses per F	leturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	L		······································	
1	Total expenses and losses per audited financial statements			1 388	8,905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25;	<b>E</b> 1			
а	Donated services and use of facilities				
b	Prior year adjustments		· · ·		
C	Other losses				
d	Other (Describe in Part XIII.)		80,226.		
ę	Add lines 2a through 2d			20 80	,226.
3	Subtract line 2e from line 1		·····	3 308	,679.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	. 4b	75,977.		
c	Add lines 4a and 4b				,977.
5 1 8	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5 384	,656.
i rai	t Ann Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART IV, LINE 2B:

THE ORGANIZATION MAINTAINS ES	SCROW ACCOUNTS	FOR THE	HOMEOWNERS	, USED	FOR
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PAYMENT OF REAL ESTATE TAX AND HOMEOWNERS INSURANCE.

PART X, LINE 2:

MANAGEMENT IS REQUIRED TO EVALUATE THE ORGANIZATION?S TAX POSITIONS TO

COMPLY WITH ACCOUNTING STANDARDS REGARDING UNCERTAINTY WITH UNRELATED

BUSINESS INCOME. THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS

THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE

PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO

LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR

HABI T FOR HUMANITY OF GREATER NTRE Schedule D (Form 990) 2014 COUNTY, INC. Part XIII   Supplemental Information (continued)	25-1473184 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF CONSTRUCTION ON SALES OF HOMES TO HOMEONNERS	· · · · · ·
CLOSING COST	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DISCOUNTS RECOGNIZED	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF CONSTRUCTION ON SALES OF HOMES TO HOMEOWNERS	
CLOSING COSTS	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DISCOUNTS RECOGNIZED	
	<del></del>

		(				(				
SCHEDULE G	Sunnleme	Nation Reg	arding	Fund	łrajej	ng or Gaming A	ctivi		OM8 No. 1545-0047	
(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.								2014	
Department of the Treasury Internal Revenue Service	e Treasury Attach to Form 990 or Form 990-F7								Open to Public Inspection	
Name of the organization	Information al HABITAT	FOR HUMANITY	( <u>990-EZ)</u> OF GI	ndils REA'	instruc PER	centre c	tov/for		entification number	
	COUNTY,					Q2112114		25-147		
Part I Fundraisin required to co	ng Activities.	Complete if the organization	on answe	red "Y	'es" to	Form 990, Part IV, li	ne 17.	Form 990-E2	Z filers are not	
a Aail solicitatio b Internet and er c Phone solicita d In-person solic 2 a Did the organization key employees fisted	ns nail solicitations tions itations have a written o t in Form 990, Pa highest paid indiv	r oral agreement with any ir art VII) or entity in connection viduals or entities (fundraise	Solicitat Solicitat Special Individual	ion of ion of fundra (incluo ofessi	non-g gover lising d ling of onal fu	overnment grants nment grants avents ficers, directors, trus indraising services?		🗌 Ye		
(i) Name and address of or entity (fundra	of individual	(ii) Activity		(iii) fundr have ca or con contribu	ustody trolof	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ad in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
· · · · · · · · · · · · · · · ·				<u>.</u>	:	·				
									:	
<del>• ••• ••• ••• •••</del>										
Total										
or licensing.	the organization	is registered or licensed to	o solicit ci	ontribu	rtions	or has been notified	it is ex	kempt from re	egistration	
								=		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	НАВІ́	T.	FOR	HUMANITY	OF	GRI
Schedule G (Form 990 or 990 EZ) 2014	COUNTY		INC.			

EATER ( INTRE

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receip	more than \$15,000 ots greater than \$5,000.
		1	(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
φ			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	72,887.	4,420.		77,307.
	2	Less: Contributions	39,359.			39,359.
	3	Gross income (line 1 minus line 2)	33,528.	4,420.		37,948.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
firect E>	7	Food and beverages				
۵	8	Entertainment				
	9	Other direct expenses	43,756.	758.		44,514.
	10	Direct expense summary. Add lines 4 through			►	44,514.
Pa	$\frac{1}{n}$	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)	990 Part IV Ros 19 or re	norted more than	-6,566
		\$15,000 on Form 990 EZ, line 6a.		000, 1 alt 19, alto 10, 01 le	poneo more man	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes% ☐ No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
а	ls ti	er the state(s) in which the organization condu ne organization licensed to conduct gaming ac 40," explain:	vivities in each of these s	states?		Yes No
		······································				
		re any of the organization's gaming licenses re 'es," explain:			ar7	Yes No

HABLE T FOR HUMANITY OF GRI	· · · · · · · · · · · · · · · · · · ·	
	25-14731	
11 Does the organization conduct gaming activities with nonmembers?		es 🛄 No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnershi		
to administer charitable gaming?	Yı	es 🔄 No
13 Indicate the percentage of gaming activity conducted in:	1 1	
a The organization's facility		%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/spec	ai events books and records:	
Name 🕨		
Address 🕨		**************************************
15a Does the organization have a contract with a third party from whom the organization rec	eives gaming revenue?	es 🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$\$	and the 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 contrac	tor	
17 Mandatory distributions;		
a is the organization required under state law to make charitable distributions from the gan		<b>Faa</b> - 1
retain the state gaming license?		es 🔄 No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exert activities during the terminal <b>b</b> = 0	npt organizations or spent in the	
organization's own exempt activities during the tax year <b>\$</b>		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b 15c, 16, and 17b, as applicable. Also provide any additional information (see ins		, 10b, 15b,
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Substant of Form 200 r 200 F7     COUNTY', INC.     25-1473184 Page 4       Part M     Supplemental Information continued     25-1473184 Page 4	Schedule G	(Form 990 or 990-EZ)	HABÍ .T COUNTY,	FOR INC	HUMANITY	OF	GREATER (	NTRE	25-1473184 Page 4
	Part IV	Supplemental Infor	mation (contin	ued)					
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SCHEDULE O

Name of the organization

Department of the Treasury Internal Revenue Service 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

HABITAT FOR HUMANITY OF GREATER CENTRE

Supplemental Information to Form 990 or 990-EZ

2U14 Open to Public Inspection

OMB No. 1545-0047

25-1473184

### FORM 990, PART VI, SECTION B, LINE 11:

COUNTY,

INC.

FINANCE COMMITTEE, EXECUTIVE COMMITTEE, AND BOARD OF DIRECTORS REVIEW FORM

990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE COMPLETED ANNUALLY AND BOARD MEMBERS,

OFFICERS, AND EMPLOYEES ARE NOTIFIED OF THE POLICY AT THAT TIME.

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD OF DIRECTORS DETERMINE COMPENSATION OF EECUTIVE DIRECTOR, USING

COMPARABILITY DATA OF SIMILAR ORGANIZATIONS, 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:

DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST AT THE OFFICE MONDAY

THROUGH FRIDAY, 8:30 AM TO 4:30 PM.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT AND SELECTION

PROCESS DURING THE YEAR. THE FINANCE COMMITTEE IS RESPONSIBLE FOR

OVERSIGHT DURING THE AUDIT PROCESS. THE BOARD OF DIRECTORS ASSUMES

FULL RESPONSIBILITY FOR FINAL REVIEW, APPROVAL, AND OVERSIGHT OF THE

AUDIT, AND THE SELECTION PROCESS.