

**Return of Organization Exempt From Income Tax**

**2004**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2004 calendar year, or tax year beginning JULY 1, 2004, and ending JUNE 30, 2005

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**C** Name of organization  
CHAFFEE COUNTY HABITAT FOR HUMANITY

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
Box 4938

City or town state or country and ZIP + 4  
BUENA VISTA COLORADO 81211-4936

**D** Employer identification number  
84-1536141

**E** Telephone number  
(719) 395-0482

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H** and **I** are not applicable to section 527 organizations
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Group Exemption Number ▶ 854
- M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website ▶

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

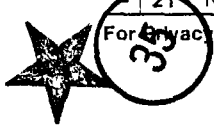
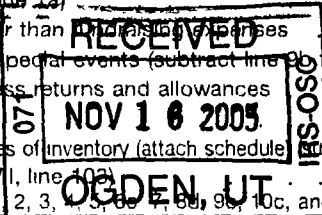
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue					
<b>1</b>	Contributions, gifts, grants and similar amounts received:				
<b>a</b>	Direct public support	1a	<u>49,861</u>		
<b>b</b>	Indirect public support	1b	<u>1,350</u>		
<b>c</b>	Government contributions (grants)	1c			
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		<u>\$1,211</u>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>		<u>222</u>	
<b>6a</b>	Gross rents	6a			
<b>b</b>	Less rental expenses	6b			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe ▶)	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	8a			
<b>c</b>	Gain or (loss) (attach schedule)	8b			
<b>d</b>	Net gain or (loss) (combine line 8c columns (A) and (B))	8c			
<b>8d</b>		<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	<u>6,485</u>		
<b>b</b>	Less direct expenses other than direct expenses	9b			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<u>6,485</u>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a	<u>91,539</u>		
<b>b</b>	Less cost of goods sold	10b	<u>90,390</u>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		<u>1,149</u>	
<b>11</b>	Other revenue (from Part VII, line 102)	<b>11</b>			
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<u>\$9,067</u>	
<b>Expenses</b>					
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>			
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<u>13,042</u>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<u>1,056</u>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		<u>14,098</u>	
<b>Net Assets</b>					
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	<b>Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20)	<b>21</b>		<u>44,969</u>	

SCANNED DEC 15 2005



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	1,902		942	1,056
34	Telephone	682		682	
35	Postage and shipping				
36	Occupancy	1,571		1,571	
37	Equipment rental and maintenance				
38	Printing and publications	357		357	
39	Travel				
40	Conferences, conventions, and meetings	2,794		2,794	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a <u>TRHE</u>	2,838		2,838	
b	<u>DOES &amp; SUBSCRIPTIONS</u>	157		157	
c	<u>INSURANCE</u>	2,083		2,083	
d	<u>PROFESSIONAL FEES</u>	1,459		1,459	
e	<u>OTHER</u>	159		159	
44	<b>Total functional expenses</b> (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	14,098		13,042	1,056

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? CONSTRUCT LOW COST HOUSING

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a <u>CONSTRUCT ONE HOUSE AND SOLD IT TO A LOW INCOME FAMILY WITH A 10 YEAR WARRANTY</u> (Grants and allocations \$ _____)	
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	

**Part IV Balance Sheets** (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash—non-interest-bearing	19,383	45	35,466	
	46 Savings and temporary cash investments	22,797	46	23,019	
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b	70,066	51c	149,511
	52 Inventories for sale or use		178,948	52	104,370
	53 Prepaid expenses and deferred charges		620	53	(141)
	54 Investments—securities (attach schedule) <span style="float: right;"><input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>			54	
	55a Investments—land, buildings, and equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment, basis	57a				
b Less accumulated depreciation (attach schedule)	57b	1,985	57c	2,470	
58 Other assets (describe <span style="float: right;">▶ MORTGAGE ESCROWS ACCTS</span> )		503	58	1,719	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		294,302	59	316,474	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		84,500	64b	60,500
	65 Other liabilities (describe <span style="float: right;">▶ MORTGAGE ESCROWS</span> )		503	65	1,706
66 <b>Total liabilities</b> (add lines 60 through 65)		85,003	66	62,206	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	209,299	67	254,268	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			73	254,268
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		294,302	74	316,474

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments





Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .		X
81a	b If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions <span style="float:right">81a <u>-D-</u></span>		
81b	b Did the organization file Form 1120-POL for this year? . . . . .		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	X	
82b	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.) <span style="float:right">82b</span>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
85a	85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		
85c	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85d	c Dues, assessments, and similar amounts from members. <span style="float:right">85c</span>		
85e	d Section 162(e) lobbying and political expenditures. <span style="float:right">85d</span>		
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. <span style="float:right">85e</span>		
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e). <span style="float:right">85f</span>		
85h	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .		
86a	86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. <span style="float:right">86a</span>		
86b	b Gross receipts, included on line 12, for public use of club facilities. <span style="float:right">86b</span>		
87a	87 501(c)(12) orgs. Enter: a Gross income from members or shareholders. <span style="float:right">87a</span>		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b</span>		
88	88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. . . . .		
89a	89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
89b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. . . . .		X
89c	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶ _____		
89d	d Enter: Amount of tax on line 89c, above, reimbursed by the organization. . . . . ▶ _____		
90a	90a List the states with which a copy of this return is filed ▶ _____		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <span style="float:right">90b</span>		
91	91 The books are in care of ▶ <u>CLIFFORD A MESTEL</u> Telephone no. ▶ <u>(719) 395-8076</u> Located at ▶ <u>201 E MAIN ST. BUENA VISTA CO</u> ZIP + 4 ▶ <u>81211</u>		
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ <u>92</u>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .					
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign: Clifford O. Westel Date: 11-14-05  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 TREASURER

Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
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**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**CHAFFEE COUNTY HABITAT FOR HUMANITY**

Employer identification number

**841536141**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$50,000 . . . . . ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .	2a	X
b Lending of money or other extension of credit? . . . . .	2b	X
c Furnishing of goods, services, or facilities? . . . . .	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e Transfer of any part of its income or assets? . . . . .	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .	3a	X
b Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28).	51,271	67,696	42,010	15,474	176,391
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	6,485	10,853	2,528	7,320	27,186
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	222	95	333	405	1,055
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22 . . . . .	57,918	78,614	44,871	23,199	204,602
24 Line 23 minus line 17 . . . . .	51,433	67,761	42,343	15,879	177,416
25 Enter 1% of line 23 . . . . .	579	786	449	232	2,046
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶					26a 3,549
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 13,886
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					26c 177,416
d Add: Amounts from column (e) for lines. 18 <u>1,055</u> 19 <u>-0-</u> 22 <u>-0-</u> 26b <u>13,886</u> . . . . . ▶					26d 14,941
e Public support (line 26c minus line 26d total) . . . . . ▶					26e 162,475
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					26f 92%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:  (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add. Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					27c
d Add: Line 27a total. _____ and line 27b total . . . . . ▶					27d
e Public support (line 27c total minus line 27d total) . . . . . ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**CHAFFEE COUNTY HABITAT FOR HUMANITY**

**84-1536141**

**June 30, 2005**

**Form 990 -- Part V**

	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>James Culbertson, Box 16, Buena Vista Co 81211 -- President</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Dallas Campbell, 15200 Chimney Rock Road, Nathrop CO 81236 -- Vice President</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Becky Arthur, 130 Cornell Drive, Buena Vista, CO 81211 Secretary</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Clifford A. Mestel, 12874 CR 314B, Buena Vista CO 81211 -- Treasurer</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Monette Butler, 32700 Aspen Drive, Buena Vista CO 81211 -- Director</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Judy Gold Stock, 131 Heather Lane, Howard CO 81233 -- Director</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Willem O'Reilly, 18604 Morrison Creek Road, Buena Vista CO 81211 -- Director</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Jeanne Rasmussen, 11620 CR 251, Salida CO 81201 -- Director</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Farrell Coy, 18755 CR 306, Buena Vista CO 81211 -- Director</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Debbie Farrell, Box 5004, Buena Vista CO 81211 -- Director</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Marti Thomas, 115 East 2<sup>nd</sup> Avenue, Salida CO 81201 -- Director</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ken Harrison, 30452 Mountainside Drive, Buena Vista CO 81211 -- Director</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Frank Lanaghan, 1401 J Street, Salida CO 81201 -- Director</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>