

# Return of Organization Exempt From Income Tax

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Chaffee County Habitat For Humanity</b>	<b>D</b> Employer identification number <b>84-1536141</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. Box 4936</b>	<b>E</b> Telephone number <b>(719) 395-2472</b>
	City or town, state or country, and ZIP + 4 <b>Buena Vista, CO 81211-4936</b>	<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	<b>Please use IRS label or print or type. See Specific Instructions.</b>	

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

**G** Website: **WWW.Chaffeehabitat.org**

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

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 **8545**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **158,861**

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

SCANNED MAR 19 2007

<b>1</b>	Contributions, gifts, grants, and similar amounts received.			
<b>a</b>	Direct public support	<b>1a</b>	<b>54,796</b>	
<b>b</b>	Indirect public support	<b>1b</b>	<b>12,970</b>	
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>1,999</b>	
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>64,818</b> noncash \$ <b>4,947</b> )	<b>1d</b>		<b>69,765</b>
<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>346</b>
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>		
<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>8a</b>	<b>88,750</b>	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8b</b>	<b>90,936</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	<b>-2,186</b>	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		<b>-2,186</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)	<b>9a</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less: cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>67,925</b>
<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>		<b>11,234</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>11,234</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>56,691</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> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>56,691</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

16

**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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		0		
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				
34	Telephone	742		742	
35	Postage and shipping				
36	Occupancy	1,748		1,748	
37	Equipment rental and maintenance				
38	Printing and publications	394		394	
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	Dues & Subscriptions	460		460	
b	Insurance	1,092		1,092	
c	Processing Fees	2,806		2,806	
d	Office	548		548	
e	Habitat For Humanity Int'l	3,444		3,444	
f					
g					
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	11,234	See Lines 8 a b c d	11,234	

**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 the instructions.)

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.

<p>What is the organization's primary exempt purpose? ► <u>Construction Of Low Income Housing</u></p> <p>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.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> <u>Construction of individual residences to be sold to low income families and providing non-interest bearing mortgages.</u></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>b</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> <p><b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services), . . . . . ►</p>	

**Part IV Balance Sheets (See 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>	<b>45</b> Cash - non-interest-bearing . . . . .	35,466	<b>45</b>	12,610
	<b>46</b> Savings and temporary cash investments . . . . .	24,457	<b>46</b>	31,760
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>		<b>47c</b>
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) <u>Mortgages</u> . . . . .	<b>51a</b> 149,511		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>	149,511	<b>51c</b> 223,447
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .			<b>53</b>
	<b>54</b> Investments - securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54</b>
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .			<b>56</b>	
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 106,840			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	106,840	<b>57c</b> 72,551	
<b>58</b> Other assets (describe <u>Security Deposit</u> ) . . . . .		200	<b>58</b> 200	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		316,474	<b>59</b> 340,568	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	1,706	<b>60</b>	1,146
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <u>Construction Loans</u> ) . . . . .		60,500	<b>65</b> 28,500
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		62,206	<b>66</b> 29,646	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	254,268	<b>67</b>	310,922
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73</b> <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) . . . . .			<b>73</b>	
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		316,474	<b>74</b> 340,568	





Part VI Other Information (continued)

Yes No

**82 a** 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? **82a**  Yes  No

**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) **82b**

**83 a** Did the organization comply with the public inspection requirements for returns and exemption applications? **83a**  Yes  No

**b** Did the organization comply with the disclosure requirements relating to quid pro quo contributions? **83b**  Yes  No

**84 a** Did the organization solicit any contributions or gifts that were not tax deductible? **84a**  Yes  No

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **84b**

**85 501(c)(4), (5), or (6) organizations.** **a** Were substantially all dues nondeductible by members? **85a**

**b** Did the organization make only in-house lobbying expenditures of \$2,000 or less? **85b**

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.

**c** Dues, assessments, and similar amounts from members **85c** N/A

**d** Section 162(e) lobbying and political expenditures **85d**

**e** Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**

**f** Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**

**g** Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? **85g**

**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? **85h**

**86 501(c)(7) orgs.** Enter: **a** Initiation fees and capital contributions included on line 12 **86a**

**b** Gross receipts, included on line 12, for public use of club facilities **86b**

**87 501(c)(12) orgs.** Enter: **a** Gross income from members or shareholders **87a**

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b**

**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 **88**  Yes  No

**89 a 501(c)(3) organizations.** Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955

**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 **89b**  Yes  No

**c** Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

**d** Enter: Amount of tax on line 89c, above, reimbursed by the organization

**90 a** List the states with which a copy of this return is filed

**b** Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) **90b**

**91 a** The books are in care of  **Rebecca Arthur** Telephone no  **(719) 395-2472**

Located at  **Collegiate Peaks Bank Buena Vista CO** ZIP + 4  **81211-3009**

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **91b**  Yes  No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country

**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here**

and enter the amount of tax-exempt interest received or accrued during the tax year  **92**

**Part VII Analysis of Income-Producing Activities (See 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	
93 Program service revenue					
a <b>Part VII not considered</b>					
b <b>applicable to Habitat</b>					
c <b>For Humanity operations</b>					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .					
105 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 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 VIII not considered applicable to Habitat For Humanity operations

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
Not applicable	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

**Please Sign Here**

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

Signature of officer: *[Signature]* Date: 2/26/07

Type or print name and title: Rebecca A. Archung, Treasurer

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**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 2/26/07 Check if self-employed:

Firm's name (or name if self-employed) address, and ZIP + 4: Taylor & Company, P.O. Box 429, Buena Vista, CO 81211

Preparer's SSN or PTIN (See Gen. Inst. W): 84-1217917

EIN: 84-1217917

Phone no: (719) 395-8668

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information - (See separate instructions.)**

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

OMB No. 1545-0047

**2005**

Name of the organization

Employer identification number

**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
-----				
-----				
-----	NONE			
-----				
-----				

Total number of other employees paid over \$50,000 . . . ▶

**Part II-A 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
-----		
-----		
-----	NONE	
-----		
-----		

Total number of others receiving over \$50,000 for professional services . . . ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
-----		
-----		
-----	NONE	
-----		
-----		

Total number of other contractors receiving over \$50,000 for other 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
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
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	3c	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)(v). (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). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) . . . . .	56,640	85,197	67,696	42,010	251,543
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 . . . . .			10,853	2,528	13,381
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	171	95	333	821
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 . . . . .	1,149				1,149
23 Total of lines 15 through 22 . . . . .	58,011	85,368	78,644	44,871	266,894
24 Line 23 minus line 17. . . . .	58,011	85,368	67,491	42,343	253,213
25 Enter 1% of line 23. . . . .	580	854	786	449	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶					28a 5,064
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ▶					28b 11,824
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					28c 253,213
d Add. Amounts from column (e) for lines: 18 <u>821</u> 19 <u>0</u> 22 <u>1,149</u> 26b <u>11,824</u> . . . . . ▶					28d 13,794
e Public support (line 26c minus line 26d total) . . . . . ▶					28e 251,243
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					28f .055%
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:  (2004) _____ (2003) _____ (2002) _____ (2001) _____  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:  (2004) _____ (2003) _____ (2002) _____ (2001) _____  c Add. Amounts from column (e) for lines. 15 <u>251,543</u> 16 _____ 17 <u>13,381</u> 20 _____ 21 _____ . . . . . ▶					27c 264,924
d Add. Line 27a total. . . . . and line 27b total . . . . . ▶					27d _____
e Public support (line 27c total minus line 27d total) . . . . . ▶					27e 264,924
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					27f 266,894
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					27g 99.2619%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					27h 0.3076%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					

MA-6

# CHAFFEE COUNTY HABITAT FOR HUMANITY-CURRENT BOARD OF DIRECTORS

*As of 6/30/06*

PO Box 4836, Buena Vista, CO 81211; Phone - 719-395-0482

<u>NAME</u>	<u>PHONE</u>	<u>E-mail Address</u>	<u>Fax Number</u>
CCHFH OFFICE PO Box 4836 Buena Vista, CO 81211	395-0482	<a href="mailto:chaffeehabitat@chaffeecco.net">chaffeehabitat@chaffeecco.net</a>	395-0482
ARTHUR, Becky PO Box 876, Buena Vista, CO 81211	395-2472	<a href="mailto:Becky.Arthur@collegiatepeaksbank.com">Becky.Arthur@collegiatepeaksbank.com</a>	
CAMPBELL, Dallas PO Box 928 Buena, Vista, CO 81211	395-8616	<a href="mailto:dal@my.amigo.net">dal@my.amigo.net</a>	
CHEESEMAM, Charis P.O. Box 542 Poncha Springs, CO 81242	530-0129	<a href="mailto:xaris@chaffee.net">xaris@chaffee.net</a>	
COY, Farrell 18850 CR369 Buena Vista, CO 81211	395-9105	<a href="mailto:fdcoy@amigo.net">fdcoy@amigo.net</a>	
CULBERTSON, Jim Box 2032 Buena Vista, CO 81211	395-2969	<a href="mailto:jimwillie@directway.com">jimwillie@directway.com</a>	Cell -221-1062PO
CUNNINGHAM, Paul 37488 CR 371A Buena Vista, CO 81211	395-8021	<a href="mailto:ptcunningham@amigo.net">ptcunningham@amigo.net</a>	

FARRELL, Debbie PO Box 5004 Buena Vista, CO 81211	395-1985	<a href="mailto:farrells@aol.com">farrells@aol.com</a>	395-1986
FRANCIS, Donna 13101 Ouray Nathrop, CO 81236	539-2783	<a href="mailto:miltonf@chaffeeo.net">miltonf@chaffeeo.net</a>	
GOLDSTOCK, Judy 0131 Heather Lane Howard, CO 81233	942-4719	<a href="mailto:jgoldstock@direcway.com">jgoldstock@direcway.com</a>	
HARRISON, Ken 30452 Mountinside Drive Buena Vista, CO 81211	395-6799	<a href="mailto:krh81211@direcway.com">krh81211@direcway.com</a>	395-0268
KAISER, Burke 30690 Timberline Drive Buena Vista, CO 81211	395-3674	<a href="mailto:Burke.Kaiser@collegiatepeakbank.com">Burke.Kaiser@collegiatepeakbank.com</a>	
MESTEL, Cliff 12574 CR 314 B Buena Vista, CO 81236	395-8076	<a href="mailto:cliffmestel@aol.com">cliffmestel@aol.com</a>	
O'REILLY, Willem PO Box 5096 Buena Vista, CO 81211	395-2376	<a href="mailto:willemon@upsa.net">willemon@upsa.net</a>	
RASMUSSEN, Jeanne 11620 CR 251 Salida, CO 81201	539-2595	<a href="mailto:saimo@anohol4.com">saimo@anohol4.com</a>	639-2595
THOMAS, Mari 228 Mesa Ct. Salida, CO 81201	539-4619	<a href="mailto:tmthomas@chaffee.net">tmthomas@chaffee.net</a>	

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