

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

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

C Name of organization
Greeley Area Habitat for Humanity

Doing business as **Greeley Weld Habitat for Humanity**

Number and street (or P.O. box if mail is not delivered to street address) **2080 Greeley Mall St. Unit D5** Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Greeley CO 80631

D Employer identification number
84-1091487

E Telephone number
970-351-6766

G Gross receipts \$ **13,427,770**

F Name and address of principal officer:
Cheri Witt-Brown
2080 Greeley Mall St. Unit D5
Greeley CO 80631

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.greeleyhabitat.org**

H(c) Group exemption number **8545**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1987** **M** State of legal domicile: **CO**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	9
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)		5	43
	6 Total number of volunteers (estimate if necessary)		6	3018
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	877,174
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	8,616,969	Current Year 8,040,491
	9 Program service revenue (Part VIII, line 2g)		2,925,139	4,842,411
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		511,182	192,336
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		111,538	138,036
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,164,828	13,213,274
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,141
14 Benefits paid to or for members (Part IX, column (A), line 4)				0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,551,468	1,700,454
16a Professional fundraising fees (Part IX, column (A), line 11e)				0
b Total fundraising expenses (Part IX, column (D), line 25) 281,496				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,557,757	7,083,432
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			6,130,366	8,802,177
19 Revenue less expenses. Subtract line 18 from line 12		6,034,462	4,411,097	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	30,495,513	End of Year 33,718,940
	21 Total liabilities (Part X, line 26)		5,988,036	4,798,852
	22 Net assets or fund balances. Subtract line 21 from line 20		24,507,477	28,920,088

Part II Signature Block

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

Sign Here Signature of officer: **Cheri Witt-Brown** Date: _____
Type or print name and title: **CEO**

Paid Preparer Use Only

Preparer's name: **Andrea Fuller, CPA** Preparer's signature: _____ Date: **03/13/26** Check if self-employed PTIN: **P00640101**

Firm's name: **Anderson & Whitney, P.C.** Firm's EIN: **84-1016028**

Firm's address: **1275 58th Ave Ste C Greeley, CO 80634** Phone no.: **970-352-7990**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **5,901,346** including grants of \$ **18,291**) (Revenue \$)

See schedule O

4b (Code:) (Expenses \$ **1,700,792** including grants of \$) (Revenue \$)

See schedule O

4c (Code:) (Expenses \$ **194,015** including grants of \$) (Revenue \$)

See schedule O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,796,153**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		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		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part 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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	30
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	43		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X	
4a	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)?	4a			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 Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	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	10b			
11	Section 501(c)(12) organizations. Enter:				
a	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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section 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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

GREELEY AREA HABITAT FOR HUMANITY, 2080 GREELEY MALL St. UNIT D5

GREELEY

CO 80631

970-351-6766

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Cheri Witt-Brown CEO	40.00 0.00			X				161,650	0	5,025
(2) Celia Morse Director of Finance	40.00 0.00			X				105,149	0	2,966
(3) Lindsey Galindo President	1.00 0.00	X		X				0	0	0
(4) Christine McDermott Director	1.00 0.00	X						0	0	0
(5) Matt Wells Vice President	1.00 0.00	X						0	0	0
(6) Pat Califana Director	1.00 0.00	X						0	0	0
(7) Bob McCleave Director	1.00 0.00	X						0	0	0
(8) Bianca Fisher Director	1.00 0.00	X						0	0	0
(9) Tommy Butler Director	1.00 0.00	X						0	0	0
(10) Warren Yoder Director	1.00 0.00	X						0	0	0
(11) Tyler Richardson Director	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							266,799		7,991	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							266,799		7,991	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Baessler Construction 33105 County Rd 33 Greeley CO 80631 Construction		5,411,420
GLH Construction LLC 780 E Garden Dr Windsor CO 80550 Construction		2,120,363
Collab Architecture 9217 E Eastman Park Dr Windsor CO 80550 Architecture		219,585
Armstrong Carpentry LLC 519 29 3/8 Road Grand Junction CO 81504 Carpentry		193,293
Foundation Builders 6180 W 10th St Greeley CO 80634 Construction		163,240

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	294,786					
	d Related organizations	1d						
	e Government grants (contributions)	1e	3,176,742					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,568,963					
	g Noncash contributions included in lines 1a-1f	1g	\$ 910,969					
	h Total. Add lines 1a-1f			8,040,491				
	Program Service Revenue	2a Homes Sold	Business Code	531390	3,942,600	3,942,600		
b ReStore Sales - Donated			453310	786,467		786,467		
c Mortgage Amortization			522292	113,344	113,344			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				4,842,411				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			188,836			188,836	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			14,115			14,115	
	6a Gross rents	(i) Real						
		(ii) Personal						
		6a						
	b Less: rental expenses	6b						
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		7a			3,500			
b Less: cost or other basis and sales exps.	7b							
c Gain or (loss)	7c			3,500				
d Net gain or (loss)				3,500	3,500			
8a Gross income from fundraising events (not including \$ 294,786 of contributions reported on line 1c). See Part IV, line 18		8a						
	b Less: direct expenses	8b		13,307				
	c Net income or (loss) from fundraising events			-13,307			-12,556	
9a Gross income from gaming activities. See Part IV, line 19		9a						
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a		291,896				
	b Less: cost of goods sold	10b		201,189				
	c Net income or (loss) from sales of inventory			90,707		90,707		
Miscellaneous Revenue	11a Miscellaneous Income	Business Code	531390	23,262			23,262	
	b HOA		531390	23,259			23,259	
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			46,521				
12 Total revenue. See instructions			13,213,274	4,059,444	877,174	236,916		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) 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	18,291	18,291		
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	285,797	24,921	260,876	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,195,016	921,271	124,907	148,838
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,374	7,713		1,661
9 Other employee benefits	87,921	70,269	11,986	5,666
10 Payroll taxes	122,346	85,595	23,190	13,561
11 Fees for services (nonemployees):				
a Management				
b Legal	4,988		4,988	
c Accounting	57,650		57,650	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	72,608		72,608	
12 Advertising and promotion	39,378	9,751	29,627	
13 Office expenses	108,423	51,121	37,907	19,395
14 Information technology				
15 Royalties				
16 Occupancy	141,716	114,446	14,909	12,361
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,000	5,000		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,899	30,561	13,338	
23 Insurance	74,340	67,987	6,353	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Cost of Homes Transferred	5,465,783	5,465,783		
b Restore Cost of Good Sold	786,467	786,467		
c Other Costs	75,381	29,872	39,129	6,380
d Grant Application Fees	64,000			64,000
e All other expenses	143,799	107,105	27,060	9,634
25 Total functional expenses. Add lines 1 through 24e	8,802,177	7,796,153	724,528	281,496
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	197,908	1	2,372,075
	2	Savings and temporary cash investments	7,540,575	2	3,268,506
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	50,817	4	53,354
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	1,379,396	7	1,289,020
	8	Inventories for sale or use	60,997	8	60,448
	9	Prepaid expenses and deferred charges	-810	9	-810
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 585,635		
	b	Less: accumulated depreciation	10b 316,321	10c	269,314
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20,953,690	15	26,407,033
16	Total assets. Add lines 1 through 15 (must equal line 33)	30,495,513	16	33,718,940	
Liabilities	17	Accounts payable and accrued expenses	1,452,524	17	388,371
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,500,000	23	2,500,000
	24	Unsecured notes and loans payable to unrelated third parties	1,534,628	24	1,534,756
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	500,884	25	375,725
	26	Total liabilities. Add lines 17 through 25	5,988,036	26	4,798,852
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	22,067,477	27	28,704,988
	28	Net assets with donor restrictions	2,440,000	28	215,100
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	24,507,477	32	28,920,088
33	Total liabilities and net assets/fund balances	30,495,513	33	33,718,940	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,213,274
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,802,177
3	Revenue less expenses. Subtract line 2 from line 1	3	4,411,097
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,507,477
5	Net unrealized gains (losses) on investments	5	1,514
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,920,088

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,045,560	2,551,089	3,053,072	2,576,840	5,190,506	15,417,067
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,045,560	2,551,089	3,053,072	2,576,840	5,190,506	15,417,067
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)						3,020,765
6 Public support. Subtract line 5 from line 4						12,396,302

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2,045,560	2,551,089	3,053,072	2,576,840	5,190,506	15,417,067
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,805	63,170	86,070	276,965	202,951	649,961
9 Net income from unrelated business activities, whether or not the business is regularly carried on			14,229			14,229
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	116,363	116,698	6,912	34,836	46,521	321,330
11 Total support. Add lines 7 through 10						16,402,587

12 Gross receipts from related activities, etc. (see instructions) **12** 12,313,948

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	75.58 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	87.03 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2024. 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 — 2023. 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.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
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	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

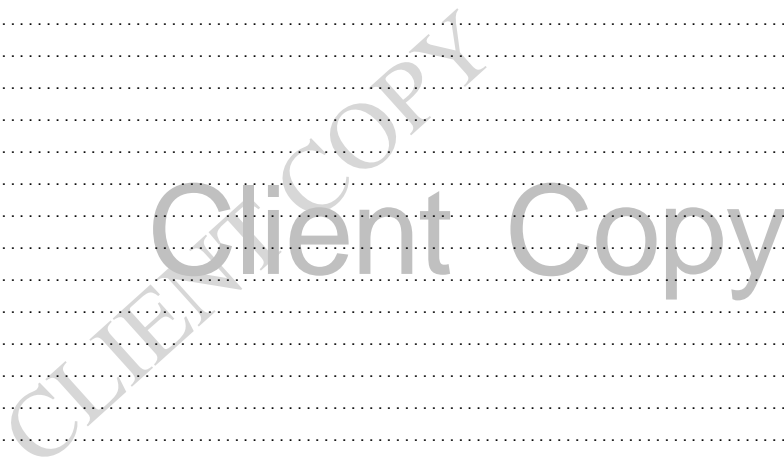
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Supporting Schedule - Unusual Grants

Hope Springs Funding \$ 2,849,985

Part II, Line 10 - Other Income Detail

Restore sales of purchased inventory \$ 208,493
HOA \$ -1,582
Miscellaneous \$ 67,898



**Schedule B
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization Greeley Area Habitat for Humanity	Employer identification number 84-1091487
--	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- 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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Schlessman Family Foundation 1555 Blake Street, Ste 400 DENVER CO 80202	\$ 255,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Department of Local Affairs Division of Local Government 1313 Sherman St #518 Denver CO 80203	\$ 2,849,985	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Habitat for Humanity Colorado CDOH 550 S. Wadsworth, Suite 150 Lakewood CO 80226	\$ 1,486,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	The Weld Trust 815 8th Avenue Greeley CO 80631	\$ 285,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Impact Development Fund FHLB Down Payment Assistance Grants 200 E. 7th St., 412 Loveland CO 80537	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	City of Greeley 1000 10th Street Greeley CO 80631	\$ 306,917	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Oxy Occidental Petroleum	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Collab Architecture LLC	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity

84-1091487

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,035	23,155	21,806	21,006	20,000
b Contributions		50	103		
c Net investment earnings, gains, and losses	2,144	2,260	1,650	1,385	1,107
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	466	430	404	585	101
g End of year balance	26,713	25,035	23,155	21,806	21,006

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **100.00** %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,515		6,515
b Buildings		220,840	24,092	196,748
c Leasehold improvements		114,416	68,649	45,767
d Equipment		243,864	223,580	20,284
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				269,314

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LAND DEVELOPMENT COSTS	11,459,511
(2) LAND HELD IN TRUST	8,820,000
(3) CONSTRUCTION IN PROGRESS	5,879,279
(4) RIGHT OF USE - RESTORE LEASE	192,370
(5) WATER SHARES	29,160
(6) BENEFICIAL INTEREST IN COMM FDN	26,713
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	26,407,033

Part X Other Liabilities

Complete if the organization answered "Yes" on 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) LEASE LIABILITY	214,426
(3) PAYROLL LIABILITIES	110,728
(4) ACCRUED EXPENSES AND OTHER	50,571
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	375,725

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,666,090
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,514
b	Donated services and use of facilities	2b	23,273
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	214,496
e	Add lines 2a through 2d	2e	239,283
3	Subtract line 2e from line 1	3	12,426,807
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	4a	
b	Other (Describe in Part XIII.)	4b	786,467
c	Add lines 4a and 4b	4c	786,467
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,213,274

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,253,479
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	23,273
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	214,496
e	Add lines 2a through 2d	2e	237,769
3	Subtract line 2e from line 1	3	8,015,710
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	786,467
c	Add lines 4a and 4b	4c	786,467
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,802,177

Part XIII 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 XI, Line 2d - Revenue Amounts Included in Financials - Other

SPECIAL EVENT EXPENSES	\$	13,307
COST OF INVENTORY SOLD	\$	201,189

Part XI, Line 4b - Revenue Amounts Included on Return - Other

DONATED RESTORE ITEMS	\$	786,467
-----------------------	----	---------

Part XII, Line 2d - Expense Amounts Included in Financials - Other

SPECIAL EVENT EXPENSES	\$	13,307
COST OF INVENTORY SOLD	\$	201,189

Part XII, Line 4b - Expense Amounts Included on Return - Other

DONATED RESTORE ITEMS	\$	786,467
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Part XIII Supplemental Information *(continued)*

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**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		<u>2024 Breakfast</u> (event type)	<u>2025 Breakfast</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	206,883	63,200	20,778	290,861	
	2	Less: Contributions	206,883	63,200	20,778	290,861	
	3	Gross income (line 1 minus line 2)					
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	5,005	3,943		8,948	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					8,948
	11	Net income summary. Subtract line 10 from line 3, column (d)					-8,948

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Habitat for Humanity International 322 W. Lamar Street Americus GA 31709	91-1914868	501c3	18,291				Affordable Housing
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Cheri Witt-Brown CEO	(i)	161,650	0	0	5,025	0	166,675	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		786,467	Fair Market Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Materials)	X	65	124,502	Fair Market Value
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487**Form 990 - Organization's Mission**

Greeley Area Habitat for Humanity, in faith, brings people together to build innovative, affordable homes and communities, providing pathways out of poverty and making tangible differences in the lives of dedicated individuals and families.

Form 990, Part III, Line 4a - First Accomplishment

IN SEPTEMBER 2024, GAHFH COMPLETED CONSTRUCTION ON THE MISSION SPRINGS DEVELOPMENT, WORKING IN PARTNERSHIP WITH COMMONWEALTH PROPERTIES, THE NATION'S 7TH LARGEST AFFORDABLE HOUSING DEVELOPER. MISSION SPRINGS INCLUDES TWO SEGMENTS; MISSION HOMESTEAD, COMPRISED OF 27 SINGLE FAMILY AND PAIRED HOMES BUILT BY GAHFH TO PROVIDE HOMEOWNERSHIP OPPORTUNITIES FOR HABITAT FAMILIES, AND MISSION VILLAGE, COMPRISED OF 68 AFFORDABLE TOWN HOMES AND COTTAGE RENTALS BUILT BY COMMONWEALTH. THE DEVELOPMENT REPLACED HALF OF THE HOUSING UNITS LOST IN EVANS, COLORADO, DURING THE SEVERE FLOODS OF 2013. FUNDED IN PART BY A \$1MILLION CDBG-DR GRANT FROM THE STATE OF COLORADO, MISSION HOMESTEAD INCLUDES THE AFFILIATE'S FIRST DUPLEXES AND FIRST ADA COMPLIANT UNITS. IT ALSO INCLUDES THE FIRST NATURAL GAS AND RENEWABLE ENERGY NET ZERO ENERGY HOME, WITH A HERS SCORE OF -6, BUILT IN PARTNERSHIP WITH ATMOS ENERGY AND THE SCHLESSMAN FAMILY FOUNDATION.

DURING FY2024-25, GAHFH COMPLETED CIVIL DEVELOPMENT AND BEGAN CONSTRUCTION OF HOUSING UNITS IN HOPE SPRINGS, A LARGE-SCALE AFFORDABLE MIX-PRODUCT COMMUNITY BUILT IN PARTNERSHIP WITH THE CITY OF GREELEY AND GAHFH PRIVATE-SECTOR PARTNERS. HOPE SPRINGS IS SITUATED ON A 40-ACRE GREENFIELD SITE IN THE CITY OF GREELEY, ADJACENT TO THE CITY OF EVANS. WHEN COMPLETED, THE DEVELOPMENT WILL BE COMPRISED OF 174 WATER-WISE, CLIMATE-FRIENDLY, ZERO ENERGY READY HABITAT HOMES; 154 PAIRED UNITS AND 20 INDIVIDUAL UNITS. FUTURE PHASES, BUILT BY A PRIVATE SECTOR PARTNER, WILL ADD UP TO 316 ADDITIONAL UNITS, FOR A TOTAL OF 490 AFFORDABLE HOMES. GAHFH'S ECONOMIC IMPACT ALONE WILL BE OVER \$68M WHEN BUILT OUT, REINVESTED BACK INTO THE CITY OF GREELEY AND STATE OF COLORADO. WITH THE COMPLETION OF THE ADDITIONAL UNITS BY THE PRIVATE SECTOR PARTNER, THE ECONOMIC IMPACT WILL APPROACH \$100M.

CONSTRUCTION OF THE HABITAT HOMES BEGAN IN JULY 2024, SUPPORTED BY A PARTNERSHIP WITH BAESSLER HOMES. BY THE END OF JUNE 2025, 40 UNITS HAD BEEN CONSTRUCTED AND 25 FAMILIES HAD CLOSED ON THE SALE OF THEIR HOME AND MOVED IN. THIS OUTCOME REPRESENTS A 250% INCREASE IN GAHFH PRODUCTION CAPACITY. HOMES ARE BEING SOLD AT BELOW MARKET-RATE PRICES TO GREELEY AND WELD COUNTY RESIDENTS EARNING BETWEEN 30-80% OF AREA MEDIAN INCOME (AMI). IN ADDITION TO HOME CONSTRUCTION, THE DEVELOPMENT'S TWO MINI-PITCH SOCCER FIELDS WERE INSTALLED, AS WELL AS THE NATURE DISCOVERY PARK AND COMMUNITY PAVILION. GAHFH PLANS TO COMPLETE 33 HOMES IN 2026 AND EXPECTS COMPLETION OF THE ONSITE CHILDCARE CENTER, ALONG WITH THE INITIAL PHASES OF THE ORGANIC COMMUNITY GARDEN.

ALSO DURING THE 2024-25 FISCAL YEAR, GAHFH ESTABLISHED THE GREELEY-WELD HABITAT COMMUNITY LAND TRUST. ITS PURPOSE IS TO BRING PERMANENT AFFORDABILITY TO CURRENT AND FUTURE HOMEOWNERS IN THE COMMUNITY AND FURTHER

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

HABITAT'S MISSION OF BRINGING SAFE, AFFORDABLE HOMES TO ALL. GAHFH ESTIMATES THAT THE DEVELOPMENT WILL INITIALLY HOUSE BETWEEN 600 AND 700 PEOPLE IN THE HABITAT UNITS. BECAUSE THE HOMES ARE MADE PERMANENTLY AFFORDABLE THROUGH THE LAND TRUST MODEL, THEY WILL REMAIN IN GREELEY'S AFFORDABLE HOUSING STOCK IN PERPETUITY, THUS MAKING A LONG-LASTING AND SUSTAINED IMPACT. OVER A 150-YEAR LIFE CYCLE, MORE THAN 4000 PEOPLE ARE EXPECTED TO BE HOUSED IN THE HOMES BUILT BY HABITAT.

PRIOR TO BEGINNING VERTICAL CONSTRUCTION, GAHFH HAD ALREADY FUNDRAISED AND INVESTED MORE THAN \$13.5M IN CIVIL INFRASTRUCTURE DEVELOPMENT AND WAS ABLE TO ENTER THE VERTICAL CONSTRUCTION PHASE DEBT-FREE, THANKS TO THE GENEROSITY OF PUBLIC AND PRIVATE SOURCES. THESE INCLUDED A LAND AND WATER DONATION FROM RICHMARK COMPANIES VALUED AT \$8.82M, NEARLY \$4M FROM THE COLORADO DEPARTMENT OF LOCAL AFFAIRS, A \$2.5M GRANT FROM THE WELD TRUST, \$2.577M IN CONGRESSIONAL DISTRICT SPENDING FROM SENATOR HICKENLOOPER, \$2M FROM JBS, AND \$1M FROM OCCIDENTAL PETROLEUM (OXY).

GAHFH LEADERSHIP HAS PRESENTED HOPE SPRINGS AT MULTIPLE REGIONAL AND NATIONAL HABITAT CONFERENCES, AND CONSULTS REGULARLY WITH HFH AFFILIATES ACROSS THE UNITED STATES SEEKING TO REPLICATE THE MODEL. A SUCCESSFUL COLLABORATION OF PRIVATE SECTOR, NONPROFIT, FEDERAL, STATE, AND LOCAL GOVERNMENTS, HOPE SPRINGS IS A HIGH QUALITY, CULTURALLY DIVERSE AFFORDABLE NEIGHBORHOOD THAT IS DEMONSTRATING ON A NATIONAL LEVEL THE TREMENDOUS POTENTIAL OF AFFORDABLE WORKFORCE HOUSING DEVELOPMENTS TO TRANSFORM LIVES AND BENEFIT COMMUNITIES.

GAHFH CONTINUES TO SUPPORT LOCAL WORKFORCE DEVELOPMENT THROUGH ITS CONSTRUCTION PATHWAY PROGRAM, OFFERED COLLABORATIVELY WITH GREELEY-EVANS SCHOOL DISTRICT 6 AND AIMS COMMUNITY COLLEGE. SINCE THE INCEPTION OF THE PROGRAM IN 2016, MORE THAN 700 STUDENTS HAVE PARTICIPATED IN BUILDING NEARLY 60 HOMES. 100% OF PARTICIPANTS HAVE GRADUATED FROM HIGH SCHOOL, WELL ABOVE THE DISTRICT AVERAGE. 85% HAVE MOVED INTO SUCCESSFUL TRADES CAREERS AND/OR PURSUED POST-SECONDARY CONSTRUCTION MANAGEMENT EDUCATION, BUILDING A MORE SECURE FUTURE FOR THEMSELVES WHILE SIMULTANEOUSLY ADDRESSING THE COMMUNITY'S NEED FOR AFFORDABLE HOUSING AND INCREASING GAHFH'S PRODUCTION CAPACITY. CPP STUDENTS HAVE PARTICIPATED IN THE CONSTRUCTION OF ALL GAHFH HOMES IN THE CRESTVIEW AND MISSION SPRINGS DEVELOPMENTS AND BEGAN BUILDING IN HOPE SPRINGS AT IN AUGUST 2024. DURING FY2024-25, 27 STUDENTS FROM THE DISTRICT 6 CAREER AND TECHNICAL EDUCATION CENTER PARTICIPATED IN THE PROGRAM, CONTRIBUTING 108 HOURS PER STUDENT AND SUPPORTING THE CONSTRUCTION OF 8 HOPE SPRINGS UNITS.

Form 990, Part III, Line 4b - Second Accomplishment

THE GAHFH RESTORE IS A UNIQUE RETAIL OUTFIT THAT OBTAINS DONATED HOME CONSTRUCTION/RENOVATION MATERIAL DONATIONS. DONATIONS ARE THEN SOLD TO THE GENERAL PUBLIC WITH PROFITS USED TO PROVIDE GENERAL OPERATING SUPPORT TO THE OVERALL ORGANIZATION. THE RESTORE GENERATED \$1.082M IN REVENUE DURING FY2024-25. IN ADDITION TO PROVIDING EARNED INCOME FOR GAHFH, IT PROVIDES VALUABLE SERVICES FOR DONORS AND PATRONS AS WELL. FOR DONORS, IN-KIND CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW AND PATRONS

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

RECEIVE QUALITY MERCHANDISE AT AN AFFORDABLE PRICE. LIKEWISE, THE RESTORE OPERATION PROVIDES A VALUABLE SERVICE FOR THE OVERALL COMMUNITY AND THE ENVIRONMENT BY EFFECTIVELY REDUCING LANDFILL WASTE BY THROUGH THE ENCOURAGEMENT OF REUSE AND REPURPOSE, AND ALSO THROUGH THE RESTORE CARDBOARD/METAL/ELECTRONIC RECYCLING PROGRAM. ANNUALLY, THE RESTORE SAVES APPROXIMATELY 1 MILLION POUNDS OF WASTE FROM REACHING THE LOCAL LANDFILL. THIS NUMBER REACHED 1.4 MILLION IN FY2024-25.

Form 990, Part III, Line 4c - Third Accomplishment

THE GAHFH FAMILY SERVICES PROGRAM IS COMPRISED OF PROGRAMS AND PRACTICES DESIGNED TO PROVIDE APPLICANTS AND APPROVED HOMEOWNERS WITH THE SKILLS AND SUPPORT THEY NEED TO PROSPER AS LONG-TERM HOMEOWNERS. SUPPORT SERVICES ARE MULTIFACETED AND BEGIN WITH A CONSULTATION WITH THE GAHFH FAMILY SERVICES COORDINATOR. APPROVED APPLICANTS ARE PAIRED WITH A FAMILY SUPPORT COMMITTEE VOLUNTEER WHO WORKS ALONGSIDE THE PARTNER FAMILY THROUGHOUT THE HOMEBUILDING AND CLOSING PROCESSES. THESE VOLUNTEERS WORK WITH THE PARTNER FAMILY TO COMPLETE A SERIES OF EIGHT WRITTEN LESSONS INCLUDING: OWNERSHIP VS. RENTING, HOMEOWNERS INSURANCE, PROPERTY TAX AND CAPITAL IMPROVEMENTS, FINANCIAL PLANNING, PROTECTING THE INVESTMENT VALUE OF THE HOME, "YOUR MORTGAGE," THE RIGHTS AND RESPONSIBILITIES OF BEING A HOMEOWNER, AVOIDING FINANCIAL SCAMS. IN ADDITION TO THE LESSONS COMPLETED WITH THE FAMILY SUPPORT VOLUNTEER, APPROVED APPLICANTS ARE REQUIRED TO COMPLETE A SERIES OF GROUP WORKSHOPS PRIOR TO CLOSING ON THEIR HOME. THESE INCLUDE: LANDSCAPING, CITY CODES, COVENANTS, HOMEOWNER'S INSURANCE, AND HOA. SINCE ITS FOUNDING IN 1987, GAHFH HAS HAD ONLY ONE FORECLOSURE, A TESTAMENT TO EFFECTIVENESS OF ITS HOMEBUYER SUPPORT AND EDUCATION PROCESS IN PREPARING PARTNERS FOR HOMEOWNERSHIP. DURING FY2024-25, GAHFH EXPANDED ITS TEAM TO INCLUDE A FAMILY SERVICES ADMINISTRATOR, RESPONSIBLE FOR PREPARING HOMEBUYERS FOR AN EFFICIENT AND SUCCESSFUL CLOSING PROCESS. WITH AN ADDITIONAL STAFF MEMBER, THE TEAM IS BETTER ABLE TO MANAGE THE DEMANDS OF THE GREATLY ACCELERATED SCHEDULE OF HOMEBUYER SELECTION AND SUPPORT REQUIRED FOR HOPE SPRINGS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE FINANCE COMMITTEE AND BOARD OF DIRECTORS WERE PROVIDED A DRAFT COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING. THE DRAFT FORM 990 ARE ALSO REVIEWED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

NEW BOARD MEMBERS AND NEW EMPLOYEES ACKNOWLEDGE IN WRITING THEIR RECEIPT AND UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY WHEN APPOINTED OR HIRED. COMPLIANCE WITH THE POLICY IS MONITORED BY MANAGEMENT AND THE BOARD ON AN ON-GOING BASIS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARATIVE DATA FOR RELATED JOB TITLES AND RESPONSIBILITIES IN SETTING THE EXECUTIVE DIRECTORS' COMPENSATION.

Form 990, Part VI, Line 15b - Compensation Process for Officers

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

**THE EXECUTIVE DIRECTOR CONSIDERS COMPARATIVE COMPENSATION DATA IN SETTING
COMPENSATION FOR OTHER POSITIONS WITHIN THE ORGANIZATION. THE BOARD OF
DIRECTORS APPROVES THE FINANCIAL BUDGET WITHIN WHICH OTHER COMPENSATION
DECISIONS ARE MADE.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.**

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

SPECIAL EVENT EXPENSES	\$	13,307
COST OF INVENTORY SOLD	\$	201,189
DONATED RESTORE ITEMS	\$	-786,467
SPECIAL EVENT EXPENSES	\$	-13,307
COST OF INVENTORY SOLD	\$	-201,189
DONATED RESTORE ITEMS	\$	786,467

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**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Greeley Area Habitat for Humanity

Employer identification number

84-1091487

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GWH CLT, LLC 2080 Greeley Mall Street Greeley CO 80631	Afford Hsg	CO		8,820,000	GAHFH
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

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Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning **07/01/24**, and ending **06/30/25**

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Department of the Treasury
Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Greeley Area Habitat for Humanity Number, street, and room or suite no. If a P.O. box, see instructions. 2080 Greeley Mall St. Unit D5 City or town, state or province, country, and ZIP or foreign postal code Greeley CO 80631	D Employer identification number 84-1091487 E Group exemption number (see instructions) 8545 F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 33,718,940			

G Check organization type	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust	<input type="checkbox"/> Other trust	<input type="checkbox"/> State college/university
	<input type="checkbox"/> 6417(d)(1)(A) Applicable entity				

H Check if filing only to claim	<input type="checkbox"/> Credit from Form 8941	<input type="checkbox"/> Refund shown on Form 2439	<input type="checkbox"/> Elective payment amount from Form 3800
--	--	--	---

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<input type="checkbox"/>
---	--------------------------

J Enter the number of attached Schedules A (Form 990-T)	1
--	----------

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

L The books are in care of GREELEY AREA HABITAT FOR	Telephone number 970-351-6766
---	--------------------------------------

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	0
2	Reserved	
3	Add lines 1 and 2	
4	Charitable contributions (see instructions for limitation rules)	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	
6	Deduction for net operating loss. See instructions	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	0
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	1,000
9	Trusts. Section 199A deduction. See instructions	
10	Total deductions. Add lines 8 and 9	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	0

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	0
3	Proxy tax. See instructions	
4a	Amount from Form 4255, Part I, line 3, column (q)	
4b	Other tax amounts. See instructions	
5	Alternative minimum tax	
6	Tax on noncompliant facility income. See instructions	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	0

Part III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
1b	Other credits (see instructions)	
1c	General business credit. Attach Form 3800 (see instructions)	
1d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	
1e	Total credits. Add lines 1a through 1d	
2	Subtract line 1e from Part II, line 7	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	
3b	Amount due from Form 8611	
3c	Amount due from Form 8697	
3d	Amount due from Form 8866	
3e	Other amounts due (see instructions)	
3f	Total amounts due. Add lines 3a through 3e	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	0

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization **Greeley Area Habitat for Humanity** **B** Employer identification number **84-1091487**

C Unrelated business activity code (see instructions) **444100** **D** Sequence: **1** of **1**

E Describe the unrelated trade or business **ReStore Sales**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>1,078,363</u>			
b	Less returns and allowances <u> </u> c Balance	1c	1,078,363	
2	Cost of goods sold (Part III, line 8)	2	201,189	
3	Gross profit. Subtract line 2 from line 1c	3	877,174	877,174
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	877,174	877,174

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		560,556
3	Repairs and maintenance	3		9,084
4	Bad debts	4		
5	Interest (attach statement). See instructions	5		
6	Taxes and licenses	6		
7	Depreciation (attach Form 4562). See instructions	7	19,583	
8	Less depreciation claimed in Part III and elsewhere on return	8a		19,583
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		
14	Other deductions (attach statement) See Statement 1	14		368,898
15	Total deductions. Add lines 1 through 14	15		958,121
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-80,947
17	Deduction for net operating loss. See instructions	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		-80,947

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold	Enter method of inventory valuation	Cost Method
1 Inventory at beginning of year	1	24,927
2 Purchases	2	200,640
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	225,567
7 Inventory at end of year	7	24,378
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	201,189
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)				
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A				
B				
C				
D				
	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)				
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A				
B				
C				
D				
	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends — received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A).

Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Federal Statements

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
ReStore Sales	444100	\$ 12,029
Total		\$ <u>12,029</u>

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Federal Statements**ReStore Sales****Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Deduction Description	Deduction Amount
Advertising	\$ 9,751
Credit Card Processing	23,502
Food and amenities	1,827
Insurance	21,849
Office Supplies	44,725
Rent	102,085
Telephone	4,599
Training	2,228
Utilities	57,525
Vehicle Expenses	14,143
Employee Benefits	41,328
Payroll Taxes	48,046
Other costs	-2,710
Total	\$ <u>368,898</u>

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Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Greeley Area Habitat for Humanity

Identifying number

84-1091487

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	43,625

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	43,625
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
2008 GMC 1500 Truck
06/01/16 100.00% 4,836 4,836 3.0 S/L-
27 Property used 50% or less in a qualified business use:
S/L-
S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners X
39 Do you treat all use of vehicles by employees as personal use? X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions X
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):
43 Amortization of costs that began before your 2024 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

84-1091487

Federal Asset Report

FYE: 6/30/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
Other Depreciation:										
2	Hyd Pallet Truck	6/26/05	175			175	5 MO S/L	175	0	
10	Furniture (desks)	12/05/01	745			745	7 MO S/L	745	0	
12	1998 Ford F150 PICKUP	9/26/06	4,000			4,000	3 MO S/L	4,000	0	
18	Outlot C	7/01/09	6,515			6,515	15 MO S/L	6,515	0	
21	ReStore Shelving	9/01/10	10,465			10,465	5 MO S/L	10,465	0	
42	6x10 Enclosed Trailer	9/24/03	2,150			2,150	7 MO S/L	2,150	0	
46	4 Used Filing Cabinets	6/30/04	350			350	5 MO S/L	350	0	
57	Forklift	10/30/14	9,700			9,700	5 MO S/L	9,700	0	
61	Ricoh MPC2500 Copier/Printer/Scanner	1/24/17	2,595			2,595	5 MO S/L	2,595	0	
62	Ricoh MP C2500 Copier/Printer/Scanner	1/24/17	2,595			2,595	5 MO S/L	2,595	0	
63	Ford Yukon	8/30/17	8,500			8,500	5 MO S/L	8,500	0	
64	15 Yard Roll Off Dumpster	10/02/17	2,500			2,500	7 MO S/L	2,411	89	
65	Scaffolding Equipment	4/18/18	10,664			10,664	7 MO S/L	9,395	1,269	
66	2018 Ram Promaster 3500	8/09/18	38,785			38,785	5 MO S/L	38,785	0	
67	2005 GMC C5500 24' Box Truck	12/12/18	14,750			14,750	5 MO S/L	14,750	0	
68	New Server - ReStore	12/12/18	5,390			5,390	5 MO S/L	5,390	0	
69	New Server - Admin	12/12/18	5,390			5,390	5 MO S/L	5,390	0	
70	Used truck for Admin	6/30/19	2,000			2,000	5 MO S/L	2,000	0	
	Sold/Scrapped: 10/11/24									
71	Used Copier - Admin	6/30/19	2,995			2,995	3 MO S/L	2,995	0	
72	2019 Isuzu NQR #7902127	9/09/19	72,613			72,613	5 MO S/L	70,193	2,420	
73	New Restore Leasehold Improvements	6/30/22	114,415			114,415	5 MO S/L	45,766	22,883	
75	2000 Habitat lane	6/15/22	220,840			220,840	27 MO S/L	16,061	8,031	
76	2023 GMC Sierra 1500	7/13/23	44,665			44,665	5 MO S/L	8,933	8,933	
	Total Other Depreciation		<u>582,797</u>			<u>582,797</u>		<u>269,859</u>	<u>43,625</u>	
	Total ACRS and Other Depreciation		<u>582,797</u>			<u>582,797</u>		<u>269,859</u>	<u>43,625</u>	
Listed Property:										
60	2008 GMC 1500 Truck	6/01/16	4,836			4,836	3 MO S/L	4,836	0	
			<u>4,836</u>			<u>4,836</u>		<u>4,836</u>	<u>0</u>	
	Grand Totals		587,633			587,633		274,695	43,625	
	Less: Dispositions and Transfers		2,000			2,000		2,000	0	
	Less: Start-up/Org Expense		0			0		0	0	
	Net Grand Totals		<u>585,633</u>			<u>585,633</u>		<u>272,695</u>	<u>43,625</u>	

84-1091487

AMT Asset Report

FYE: 6/30/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
68	New Server - ReStore	12/12/18	5,390		X	0	5 HY 200DB	5,390	0
69	New Server - Admin	12/12/18	5,390		X	0	5 HY 200DB	5,390	0
			<u>10,780</u>			<u>0</u>		<u>10,780</u>	<u>0</u>
Other Depreciation:									
2	Hyd Pallet Truck	6/26/05	0			0	0 HY	0	0
10	Furniture (desks)	12/05/01	0			0	0 HY	0	0
12	1998 Ford F150 PICKUP	9/26/06	0			0	0 HY	0	0
18	Outlot C	7/01/09	0			0	0 HY	0	0
21	ReStore Shelving	9/01/10	0			0	0 HY	0	0
42	6x10 Enclosed Trailer	9/24/03	0			0	0 HY	0	0
46	4 Used Filing Cabinets	6/30/04	0			0	0 HY	0	0
57	Forklift	10/30/14	0			0	0 HY	0	0
61	Ricoh MPC2500 Copier/Printer/Scanner	1/24/17	0			0	0 HY	0	0
62	Ricoh MP C2500 Copier/Printer/Scanner	1/24/17	0			0	0 HY	0	0
63	Ford Yukon	8/30/17	0			0	0 HY	0	0
64	15 Yard Roll Off Dumpster	10/02/17	0			0	0 HY	0	0
65	Scaffolding Equipment	4/18/18	0			0	0 HY	0	0
66	2018 Ram Promaster 3500	8/09/18	0			0	0 HY	0	0
67	2005 GMC C5500 24' Box Truck	12/12/18	0			0	0 HY	0	0
70	Used truck for Admin	6/30/19	0			0	0 HY	0	0
	Sold/Scrapped: 10/11/24								
71	Used Copier - Admin	6/30/19	0			0	0 HY	0	0
72	2019 Isuzu NQR #7902127	9/09/19	0			0	0 HY	0	0
73	New Restore Leasehold Improvements	6/30/22	0			0	0 HY	0	0
75	2000 Habitat lane	6/15/22	0			0	0 HY	0	0
76	2023 GMC Sierra 1500	7/13/23	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Listed Property:									
60	2008 GMC 1500 Truck	6/01/16	0			0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		10,780			0		10,780	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>10,780</u>			<u>0</u>		<u>10,780</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	Hyd Pallet Truck	6/26/05	175	0	0
10	Furniture (desks)	12/05/01	745	0	0
12	1998 Ford F150 PICKUP	9/26/06	4,000	0	0
18	Outlot C	7/01/09	6,515	0	0
21	ReStore Shelving	9/01/10	10,465	0	0
42	6x10 Enclosed Trailer	9/24/03	2,150	0	0
46	4 Used Filing Cabinets	6/30/04	350	0	0
57	Forklift	10/30/14	9,700	0	0
61	Ricoh MPC2500 Copier/Printer/Scanner	1/24/17	2,595	0	0
62	Ricoh MP C2500 Copier/Printer/Scanner	1/24/17	2,595	0	0
63	Ford Yukon	8/30/17	8,500	0	0
64	15 Yard Roll Off Dumpster	10/02/17	2,500	0	0
65	Scaffolding Equipment	4/18/18	10,664	0	0
66	2018 Ram Promaster 3500	8/09/18	38,785	0	0
67	2005 GMC C5500 24' Box Truck	12/12/18	14,750	0	0
68	New Server - ReStore	12/12/18	5,390	0	0
69	New Server - Admin	12/12/18	5,390	0	0
71	Used Copier - Admin	6/30/19	2,995	0	0
72	2019 Isuzu NQR #7902127	9/09/19	72,613	0	0
73	New Restore Leasehold Improvements	6/30/22	114,415	22,883	0
75	2000 Habitat lane	6/15/22	220,840	8,030	0
76	2023 GMC Sierra 1500	7/13/23	44,665	8,933	0
	Total Other Depreciation		<u>580,797</u>	<u>39,846</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>580,797</u>	<u>39,846</u>	<u>0</u>
Listed Property:					
60	2008 GMC 1500 Truck	6/01/16	4,836	0	0
			<u>4,836</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>585,633</u>	<u>39,846</u>	<u>0</u>

Form 990-T	Business Income Activity Summary	2024
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Name Greeley Area Habitat for Humanity	Taxpayer Identification Number 84-1091487
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Business Activity Income (and allocation of Prior-2018 NOL)

- | | |
|--|--------------|
| A. Total Pre-2018 Net Operating Losses Carried Forward | N/A A. _____ |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities | B. _____ |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 | C. _____ |
| D. Pre-2018 Applied (Sum of B and C) | D. _____ |
| E. Pre-2018 Remaining (Line A minus Line D) | E. _____ |
| F. Pre-2018 Net Operating Losses Expiring this Year | F. _____ |
| G. Pre-2018 Net Operating Losses Carried Forward | G. _____ |

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income		16. _____	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. ReStore Sales	444100	1. -80,947
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. -80,947

Form 990-T	Schedule A Loss Carryover Calculation	2024
Description ReStore Sales		

Name Greeley Area Habitat for Humanity	Taxpayer Identification Number 84-1091487
Unincorporated Business Income Tax Code: 444100 Activity: Building materials and supplies	

Each activity may carryforward losses after 2018

1 Activity income	1	877,174
2 Activity deductions	2	958,121
3 Activities income or loss, after deductions	3	-80,947
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	12,029
5 Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7 Remaining losses to be carried forward to 2025 (Subtract Line 6 from line 4)	7	12,029
8 If line 3 is less than zero, enter that amount here as a positive number	8	80,947
9 Total loss carried forward to 2025 (Add lines 7 and 8)	9	92,976

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2023, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1	12,029
E2 Prior year activity losses included on Schedule A, Line 17	E2	

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SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2024
	For calendar year 2024, or tax year beginning 07/01/24 , and ending 06/30/25	

Name Greeley Area Habitat for Humanity	Employer Identification Number 84-1091487
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		(a) Other event <u>Colorado Gives</u> <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	20,778			20,778
	2 Less: Charitable contributions	20,778			20,778
	3 Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

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Form 990T	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		

Name _____ Taxpayer Identification Number _____

Greeley Area Habitat for Humanity

84-1091487

		2023	2024	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss			
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
29. Activity Losses NOL (Post-2017)		-12,029	-80,947	-68,918

Form SchA (990T)	Two Year Comparison for Unrelated Business Activity	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		
Organization Name Greeley Area Habitat for Humanity		Taxpayer Identification Number 84-1091487

Activity: **ReStore Sales** Unincorporated Business Income Tax Code: **444100**

		2023	2024	Differences
R e v e n u e	1. Gross profit/loss on business activities	1. 897,226	877,174	-20,052
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11. 897,226	877,174	-20,052
E x p e n s e s	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13. 495,870	560,556	64,686
	14. Repairs and maintenance	14. 10,770	9,084	-1,686
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Depreciation and Depletion	18. 32,781	19,583	-13,198
	19. Contributions to deferred compensation plans	19.		
	20. Employee benefit programs	20.		
	21. Other deductions	21. 369,834	368,898	-936
	22. Total deductions. Add lines 12 through 22	22. 909,255	958,121	48,866
	23. Taxable income before deductions. Subtract line 23 from 11	23. -12,029	-80,947	-68,918
	24. Deductible losses	24.	12,029	12,029
	25. Unrelated business taxable income (loss)	25. -12,029	-92,976	-80,947

Form 990	Tax Return History	2024
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Name Greeley Area Habitat for Humanity	Employer Identification Number 84-1091487
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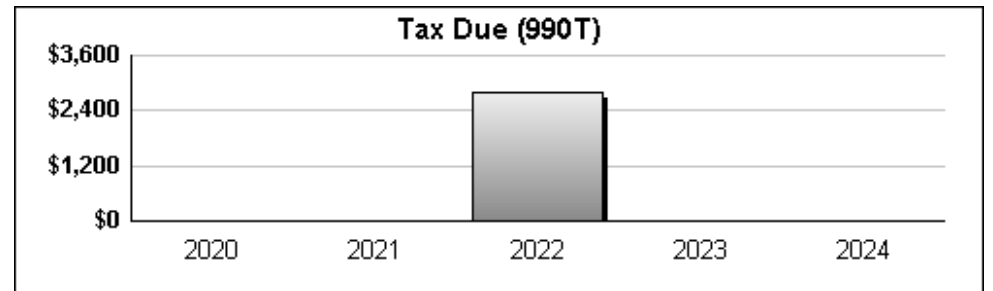
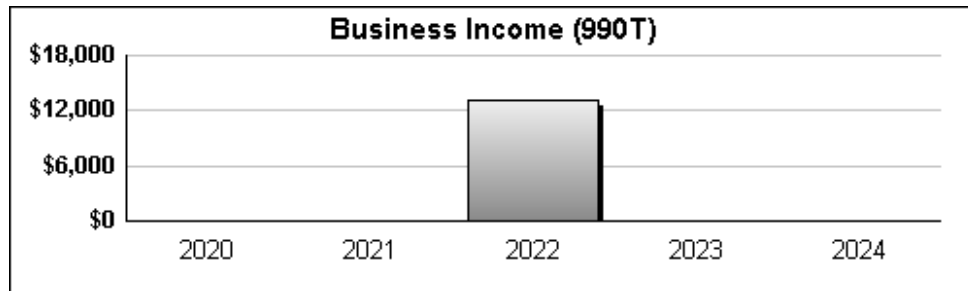
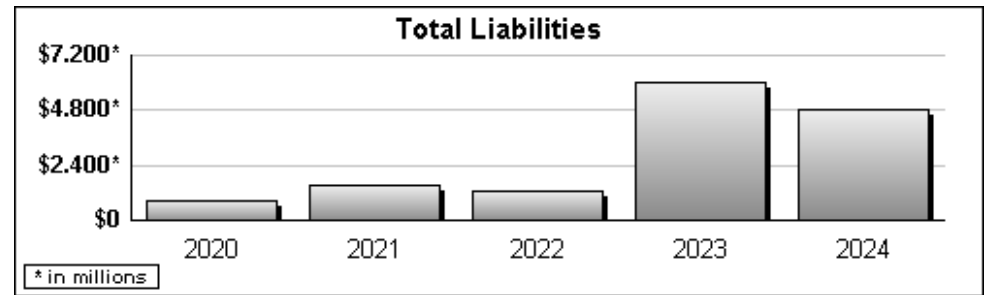
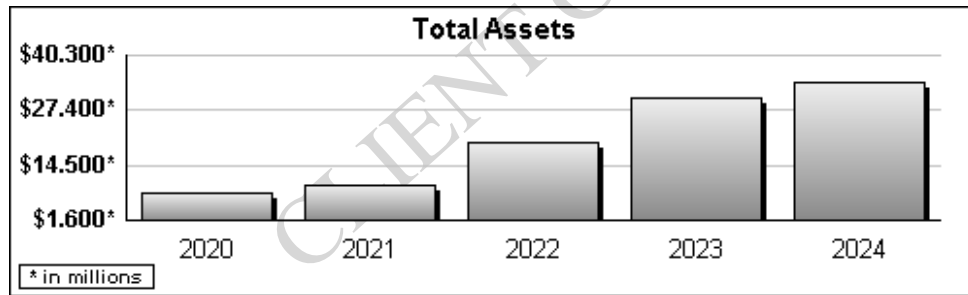
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	2,045,560	2,551,089	13,873,072	8,616,969	8,040,491	
Membership dues						
Program service revenue	1,788,612	2,023,434	3,180,662	2,925,139	4,842,411	
Capital gain or loss	82,497	687,370	1,710	252,323	3,500	
Investment income	4,593	7,505	44,143	258,859	188,836	
Fundraising revenue (income/loss)	-2,074	-7,531	-9,463	-20,008	-13,307	
Gaming revenue (income/loss)						
Other revenue	67,316	79,179	107,060	131,546	151,343	
Total revenue	3,986,504	5,341,046	17,197,184	12,164,828	13,213,274	
Grants and similar amounts paid	3,404	8,704	9,900	21,141	18,291	
Benefits paid to or for members						
Compensation of officers, etc.	205,754	235,862	242,474	264,569	285,797	
Other compensation	963,193	1,074,980	1,334,494	1,286,899	1,414,657	
Professional fees	33,053	31,016	34,165	40,270	135,246	
Occupancy costs	90,000	148,799	140,796	136,846	141,716	
Depreciation and depletion	44,668	41,451	61,298	59,859	43,899	
Other expenses	2,259,804	2,502,183	5,363,266	4,320,782	6,762,571	
Total expenses	3,599,876	4,042,995	7,186,393	6,130,366	8,802,177	
Excess or (Deficit)	386,628	1,298,051	10,010,791	6,034,462	4,411,097	
Total exempt revenue	3,986,504	5,341,046	17,197,184	12,164,828	13,213,274	
Total unrelated revenue			899,442	897,226	877,174	
Total excludable revenue	1,940,944	2,789,957	2,425,346	2,650,633	4,296,360	
Total Assets	8,027,528	10,010,715	19,779,385	30,495,513	33,718,940	
Total Liabilities	867,178	1,551,377	1,308,073	5,988,036	4,798,852	
Net Fund Balances	7,160,350	8,459,338	18,471,312	24,507,477	28,920,088	

Form 990T	Tax Return History	2024
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Name Greeley Area Habitat for Humanity	Employer Identification Number 84-1091487
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	2020	2021	2022	2023	2024	2025
UBTI from all trades	0	0	14,229	0	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction			1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions			13,229			
Income tax (corporate or trust)			2,778			
Other taxes						
Total taxes			2,778			
General business credit						
Other credits						
Net tax after credits			2,778			
Estimated tax payments						
Other payments						
Balance due /-Overpayment			2,778			

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 188,836			14		
Total	<u>\$ 188,836</u>					

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Fees	\$ 72,608	\$	\$ 72,608	\$
Total	\$ 72,608	\$ 0	\$ 72,608	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Utilities	\$ 61,910	\$ 57,525	\$ 4,385	\$
Credit Card Processing	23,502	23,502		
Dues	16,945		16,945	
Dues paid to HOA	16,501	16,501		
Vehicle Expenses	14,143	14,143		
Repair and Maintenance	13,014	9,084	3,930	
Food and Amenities	12,479	1,827	1,018	9,634
Telephone	8,579	4,599	3,980	
Rounding	-1		-1	
In-kind services	-23,273	-20,076	-3,197	
Total	\$ 143,799	\$ 107,105	\$ 27,060	\$ 9,634

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Schedule A, Part II - Unusual Grants

<u>Name</u>	<u>Date</u>	<u>Amount</u>	<u>Description</u>
Colorado DOLA		\$ 2,849,985	Hope Springs Funding
Total		<u>\$ 2,849,985</u>	

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
City of Greeley	\$ 19,838
GURA Funding	300,047
HUD	2,856,857
Other various grants	2,271,070
ReStore items - Donated	786,467
Donated materials	124,502
Contributions	1,386,924
Colorado Gives Day	
Cash Contribution	20,778
Other	
Cash Contribution	3,925
2024 Breakfast	
Cash Contribution	206,883
2025 Breakfast	
Cash Contribution	63,200
Less: Unusual Grants	<u>-2,849,985</u>
Total	<u>\$ 5,190,506</u>

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Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Schlessman Family Foundation	\$ 400,000	\$ 71,948
George W. Doering Family Foundation		
Thrivent Financial for Lutherans	132,482	
Greeley Urban Renewal Authority	338,279	10,227
Atmos Energy	40,000	
Monfort Family Foundation		
Charlie Monfort		
Dick Monfort	500,000	171,948
S & C Resale Company		
Estate of David M Daviet		
Anadarko Petroleum Corp		
Richard & Mary Kemme Foundation		
Nebraska Community Foundation		
West Valley Community Church		
Walmart		
Kum & Go		
Northern Colorado United for Youth		
North Colorado Medical Center Found.		
Christ Community Evangelical Free		
William and Rachelle Fischer		
WeldWerks Brewing Co	15,000	
Federal Housing Finance Agency		
Habitat for Humanity Colorado	2,206,250	1,878,198
Habitat for Humanity International	239,390	
Independent Bank		
Lowes Home Improvement		
SRC Home Remedies, LLC		
James D. Gergens Estate		
Greeley Subaru	129,871	
SBA PPP	347,600	19,548
Impact Development Fund	1,025,000	696,948
Mary Medearis	130,000	
Kevin La Fleur	168,600	
Oxy Occidental Petroleum	500,000	171,948
Collab Architecture LLC	200,000	
John & Betty Becker	150,000	
Total	<u>\$ 6,522,472</u>	<u>\$ 3,020,765</u>

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest Income	\$ 188,836
Oil & Gas Income	14,115
Total	<u>\$ 202,951</u>

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
ReStore Sales - Donated	\$ 786,467
Colorado Gives Day	
House That Beer Built	
Other	-3,608
Restore Sales - Purchased	90,707
2023 Breakfast	
2024 Breakfast	-5,005
2025 Breakfast	-3,943
Less: Deductions	<u>-959,121</u>
Total	<u>\$ -94,503</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
Miscellaneous Income	\$ 23,262
HOA	23,259
Subaru Share the Love	
Total	<u>\$ 46,521</u>

Federal Statements**Schedule A, Part II, Line 12 - Current year**DescriptionAmount

Homes Sold	\$ 3,942,600
Mortgage Amortization	113,344
Second Mortgage recapture	
Cookie Walk	
Total	<u>\$ 4,055,944</u>

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