

Forms 990 / 990-EZ Return SummaryFor calendar year 2020, or tax year beginning **07/01/20**, and ending **06/30/21****84-1091487****Greeley Area Habitat for Humanity****Net Asset / Fund Balance at Beginning of Year****6,772,722****Revenue**

Contributions	<u>2,045,560</u>
Program service revenue	<u>1,788,612</u>
Investment income	<u>4,593</u>
Capital gain / loss	<u>82,497</u>

Fundraising / Gaming:

Gross revenue	
Direct expenses	<u>2,074</u>

Net income -2,074Other income 67,316**Total revenue****3,986,504****Expenses**

Program services	<u>3,027,226</u>
Management and general	<u>395,979</u>
Fundraising	<u>176,671</u>

Total expenses**3,599,876****Excess / (deficit)****386,628**

Changes

1,000**Net Asset / Fund Balance at End of Year****7,160,350****Reconciliation of Revenue**Total revenue per financial statements **3,327,331**

Less:

Unrealized gains	<u>1,000</u>
Donated services	<u>37,738</u>
Recoveries	
Other	<u>67,333</u>

Plus:

Investment expenses	
Other	<u>765,244</u>
Total revenue per return	<u>3,986,504</u>

Reconciliation of ExpensesTotal expenses per financial statements **2,939,703**

Less:

Donated services	<u>37,738</u>
Prior year adjustments	
Losses	
Other	<u>67,333</u>

Plus:

Investment expenses	
Other	<u>765,244</u>
Total expenses per return	<u>3,599,876</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>8,026,449</u>	<u>8,027,528</u>	
Liabilities	<u>1,253,727</u>	<u>867,178</u>	
Net assets	<u>6,772,722</u>	<u>7,160,350</u>	<u>387,628</u>

Miscellaneous Information

Amended return

Return / extended due date **05/16/22**

Failure to file penalty

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2020**

Name of exempt organization or person subject to tax

Greeley Area Habitat for Humanity

Taxpayer identification number

84-1091487

Name and title of officer or person subject to tax

Cheri Witt-Brown**Executive Director****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,986,504</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization of ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **Anderson & Whitney, P.C.** to enter my PIN **07145** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **11/16/21****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84240184101

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

11/16/21**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020**Open to Public Inspection****A** For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21****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)

104 N 16th Avenue

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\$**4,155,092****F** Name and address of principal officer:

Cheri Witt-Brown
104 N 16th Avenue
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: PUTTING FAITH INTO ACTION, GREELEY AREA HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD DECENT HOMES, COMMUNITIES AND HOPE.		
	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 2020 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	1034
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
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	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,895,325	2,045,560
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,365,616	1,788,612
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	233,320	87,090
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,859	65,242
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,546,120	3,986,504
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,872	3,404
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,082,653	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,082,653	1,168,947
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 176,671	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,929,807	2,427,525
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,021,332	3,599,876
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,524,788	386,628
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,026,449	8,027,528
	22 Net assets or fund balances. Subtract line 21 from line 20	1,253,727	867,178
		6,772,722	7,160,350

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

Date

Cheri Witt-Brown**Executive Director**

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

Andrea Fuller, CPA

Preparer's signature

Date

01/21/22Check ☐ if self-employed

PTIN

P00640101

Firm's name ▶

Anderson & Whitney, P.C.

Firm's EIN ▶

84-1016028

Firm's address ▶

5801 W 11th St Ste 300

Firm's address ▶

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.

Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PUTTING FAITH INTO ACTION, GREELEY AREA HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD DECENT HOMES, COMMUNITIES AND HOPE.

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 \$ **1,550,636** including grants of \$ **3,404**) (Revenue \$)
See Schedule O

Client Copy

4b (Code:) (Expenses \$ **1,396,948** including grants of \$) (Revenue \$)
See Schedule O

4c (Code:) (Expenses \$ **79,642** 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 **3,027,226**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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 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 lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash 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 in 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 ComplianceCheck 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	1a	19
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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 26		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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		
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

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

	1a	9	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.		9		
b Enter the number of voting members included on line 1a, above, who are independent	1b	9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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.			9	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?	10a	X
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in 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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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, 104 N. 16TH AVE.

GREELEY

CO 80631

970-351-6766

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ 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 (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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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	40.00									
Executive Director	0.00			X				91,446	0	10,803
(2)Celia Morse	40.00									
Director of Finance	0.00			X				75,890	0	10,242
(3)Matt Notter	1.00									
President	0.00	X		X				0	0	0
(4)Theresa Myers	1.00									
Vice President	0.00	X		X				0	0	0
(5)Lindsey Galindo	1.00									
Treasurer	0.00	X		X				0	0	0
(6)Edwin Chapin	1.00									
Secretary	0.00	X		X				0	0	0
(7)Christine McDermott	1.00									
Director	0.00	X						0	0	0
(8)Matt Wells	1.00									
Director	0.00	X						0	0	0
(9)Pat Califana	1.00									
Director	0.00	X						0	0	0
(10)										
(11)										

Part VIII Statement of RevenueCheck 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	258,034				
	d Related organizations	1d					
	e Government grants (contributions)	1e	313,092				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,474,434				
	g Noncash contributions included in lines 1a-1f	1g	\$ 876,920				
	h Total. Add lines 1a-1f			2,045,560			
	Program Service Revenue			Business Code			
2a Homes Sold			531390	927,000	927,000		
b Restore Sales			453310	766,549	766,549		
c Mortgage Amortization			522292	95,063	95,063		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				1,788,612			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,593			4,593
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			16,212			16,212
	6a Gross rents	(i) Real	(ii) Personal				
	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				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)			82,497	82,497		
	8a Gross income from fundraising events (not including \$ 258,034 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b		2,074			
	c Net income or (loss) from fundraising events			-2,074			-2,074
	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		102,954				
b Less: cost of goods sold	10b		65,259				
c Net income or (loss) from sales of inventory			37,695			37,695	
Miscellaneous Revenue			Business Code				
	11a Miscellaneous Income		531390	8,392			8,392
	b HOA		531390	5,017			5,017
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			13,409			
12 Total revenue. See instructions			3,986,504	1,871,109	0	69,835	

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	3,404	3,404		
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	205,754		205,754	
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	783,288	609,169	51,569	122,550
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	107,363	94,442	5,095	7,826
10 Payroll taxes	72,542	49,991	13,518	9,033
11 Fees for services (nonemployees):				
a Management				
b Legal	53	315	-262	
c Accounting	33,000		33,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)				
12 Advertising and promotion	27,255	7,524	19,731	
13 Office expenses	63,963	27,620	28,144	8,199
14 Information technology				
15 Royalties				
16 Occupancy	90,000	90,000		
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	44,668	31,567	13,101	
23 Insurance	38,812	34,661	4,151	
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	1,093,744	1,093,744		
b Restore Cost of Good Sold	765,244	765,244		
c Discount on Mortgages	167,406	167,406		
d Grant Application Fees	20,000			20,000
e All other expenses	78,380	47,139	22,178	9,063
25 Total functional expenses. Add lines 1 through 24e	3,599,876	3,027,226	395,979	176,671
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 SheetCheck 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	847,945	1	575,151
	2 Savings and temporary cash investments	1,098,034	2	1,424,942
	3 Pledges and grants receivable, net	7,156	3	156
	4 Accounts receivable, net		4	
	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	2,154,671	7	2,034,962
	8 Inventories for sale or use	39,145	8	45,081
	9 Prepaid expenses and deferred charges	594,574	9	416,203
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 561,874		
	b Less: accumulated depreciation	10b 302,865	10c	259,009
	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	2,975,624	15	3,272,024
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,026,449	16	8,027,528	
Liabilities	17 Accounts payable and accrued expenses	504,506	17	47,232
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties	673,800	24	698,300
	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	75,421	25	121,646
	26 Total liabilities. Add lines 17 through 25	1,253,727	26	867,178
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	6,533,722	27	7,012,324
	28 Net assets with donor restrictions	239,000	28	148,026
	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	6,772,722	32	7,160,350
33 Total liabilities and net assets/fund balances	8,026,449	33	8,027,528	

Part XI Reconciliation of Net AssetsCheck 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	3,986,504
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,599,876
3	Revenue less expenses. Subtract line 2 from line 1	3	386,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,772,722
5	Net unrealized gains (losses) on investments	5	1,000
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	7,160,350

Part XII Financial Statements and ReportingCheck 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 in 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 checked="" type="checkbox"/> Separate basis <input 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 Single Audit Act and OMB Circular A-133?	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 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**

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 or 990-EZ).)
- 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 in 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						

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

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,134,197	1,293,399	1,586,022	2,895,325	2,045,560	8,954,503
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	1,134,197	1,293,399	1,586,022	2,895,325	2,045,560	8,954,503
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)						
6 Public support. Subtract line 5 from line 4						8,954,503

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,134,197	1,293,399	1,586,022	2,895,325	2,045,560	8,954,503
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,565	23,454	29,561	21,551	20,805	133,936
9 Net income from unrelated business activities, whether or not the business is regularly carried on		10,782				10,782
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	97,837	93,921	104,780		116,363	412,901
11 Total support. Add lines 7 through 10						9,512,122
12 Gross receipts from related activities, etc. (see instructions)					12	7,244,860

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 2020 (line 6, column (f) divided by line 11, column (f))	14	94.14 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	93.14 %
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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 in 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 12a or 12b in Part I, answer (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
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)? 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).		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in 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? 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.			
2b			
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? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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	<input type="checkbox"/> 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		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

Part II, Line 10 - Other Income Detail

Other Revenue \$ **12,831**

Imputed Mortgage Interest \$ **283,707**

Client Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2020▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity**84-1091487**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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 or 990-EZ), 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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		\$ 132,482	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 61,292	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 78,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 173,800	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.)

**SCHEDULE D
(Form 990)**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

2020**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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?

☐ Yes ☐ No

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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.

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.

b 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:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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 **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other
c ☐ Preservation for future generations

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 on 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	20,000	20,000			
b Contributions			20,000		
c Net investment earnings, gains, and losses	1,107				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	101				
g End of year balance	21,006	20,000	20,000		

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 **0 %**

c Term endowment **0 %**

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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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		56,711		56,711
b Buildings				
c Leasehold improvements				
d Equipment		505,163	302,865	202,298
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				259,009

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, col. (B) line 12.)		

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, col. (B) line 13.)		

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	2,512,692
(2) CONSTRUCTION IN PROGRESS	696,166
(3) WATER SHARES	29,161
(4) BENEFICIAL INTEREST IN COMM FDN	21,006
(5) VEHICLE HELD FOR SALE	12,999
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,272,024

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) OTHER LIABILITIES	99,157
(3) ESCROW ACCOUNTS HOMEOWNERS	22,489
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	121,646

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	3,327,331
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,000
b	Donated services and use of facilities	2b	37,738
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	67,333
e	Add lines 2a through 2d	2e	106,071
3	Subtract line 2e from line 1	3	3,221,260
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	765,244
c	Add lines 4a and 4b	4c	765,244
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,986,504

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	2,939,703
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	37,738
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	67,333
e	Add lines 2a through 2d	2e	105,071
3	Subtract line 2e from line 1	3	2,834,632
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	765,244
c	Add lines 4a and 4b	4c	765,244
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,599,876

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	\$	2,074
COST OF INVENTORY SOLD	\$	65,259

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

Donated ReStore Items	\$	765,244
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Part XII, Line 2d - Expense Amounts Included in Financials - Other

SPECIAL EVENT EXPENSES	\$	2,074
COST OF INVENTORY SOLD	\$	65,259

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

Part XIII Supplemental Information *(continued)*

Donated Restore Items	\$	765,244
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**SCHEDULE G
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020Open to Public
Inspection**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 **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

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>2020 Breakfast</u> (event type)	<u>2021 Breakfast</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	170,086	30,100	54,387	254,573
	2 Less: Contributions	170,086	30,100	54,387	254,573
	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		1,850		1,850
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,850
	11 Net income summary. Subtract line 10 from line 3, column (d)				-1,850

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))
Revenue	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 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 M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ **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.**

OMB No. 1545-0047

2020**Open To Public
Inspection****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		765,244	Fair Market Value
6 Cars and other vehicles	X	2	41,500	Fair Market Value
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	21	70,176	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 IV, Donee Acknowledgement

29

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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a		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?

31		X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

Greeley Area Habitat for Humanity

Employer identification number

84-1091487**Form 990, Part III, Line 4a - First Accomplishment**

GAHFH WAS AWARDED A \$1 MILLION CDBG-DR GRANT FROM THE STATE IN 2019. THIS GRANT FUNDED AN INNOVATIVE DEVELOPMENT AND PARTNERSHIP THAT WILL SERVE A COMMUNITY THAT WAS SEVERELY UNDERSERVED AFTER LOSING OVER 200 AFFORDABLE HOMES IN THE 2013 FLOOD. WITH THE AWARDED DISASTER RELIEF FUNDS, GAHFH PARTNERED WITH FOR-PROFIT AFFORDABLE HOUSING DEVELOPER COMMONWEALTH, THE 7TH LARGEST AFFORDABLE HOUSING DEVELOPER IN THE NATION AND LONG-TERM OPERATOR OF MULTI-DENSITY AFFORDABLE RENTAL PROJECTS, TO CREATE THE MISSION SPRINGS DEVELOPMENT. MISSION SPRINGS IS A COMBINATION OF 27 SINGLE FAMILY AND PAIRED HOMES BUILT BY GAHFH TO PROVIDE HOMEOWNERSHIP OPPORTUNITIES FOR HABITAT FAMILIES, MISSION HOMESTEAD, AND 68 AFFORDABLE TOWN HOMES AND COTTAGE RENTALS BUILT BY COMMONWEALTH, MISSION VILLAGE. THIS DEVELOPMENT WILL REPLACE NEARLY HALF OF THE UNITS THAT EVANS, COLORADO LOST DURING THE SEVERE FLOODS OF 2013. GAHFH HAS COMPLETED THE FIRST 8 HOMES IN MISSION HOMESTEAD IN 2021, INCLUDING THE AFFILIATES FIRST DUPLEXES, ADA COMPLIANT UNITS AND THE FIRST NATURAL GAS AND RENEWABLE ENERGY ZERO NET ENERGY HOME, WITH A HERS SCORE OF -6 IN PARTNERSHIP WITH ATMOS ENERGY AND THE SCHLESSMAN FAMILY FOUNDATION. ALL HOMES IN THIS DEVELOPMENT HAVE BEEN BUILT IN PARTNERSHIP WITH OUR JEFFERSON HIGH SCHOOL CONSTRUCTION PATHWAY STUDENTS IN YEAR 6 OF THE INNOVATIVE WORKFORCE DEVELOPMENT PROGRAM.

IN 2022, GAHFH IS WORKING ON ANOTHER LARGE-SCALE DEVELOPMENT WITH THE CITY OF GREELEY, MODELED AFTER MISSION HOMESTEAD, WHICH WOULD BRING A TOTAL OF 491 UNITS TO THE GREELEY AREA, WITH 174 HABITAT FOR HUMANITY HOME SITES.

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity

84-1091487

IN 2020, GAHFH WAS ABLE TO COMPLETE CONSTRUCTION ON CRESTVIEW, A FOURTEEN HOME DEVELOPMENT IN GREELEY. ALL OF THE HOMES IN CRESTVIEW WERE ALSO BUILT IN PARTNERSHIP WITH OUR JEFFERSON HIGH SCHOOL CONSTRUCTION PATHWAY PROGRAM, ALLOWING AT-RISK YOUTH THE OPPORTUNITY TO LEARN HIGH IN DEMAND TRADE SKILLS ON AN ACTIVE JOB SITE WHILE EARNING UP TO 27 COLLEGE CREDITS. UPON THE COMPLETION OF CRESTVIEW, GAHFH BEGAN CONSTRUCTION ON NORTHVIEW, A DEVELOPMENT THAT WILL BRING 12 UNITS OF AFFORDABLE HOUSING TO THE GREELEY AREA. THE FIRST 2 HOMES WERE COMPLETED IN 2021.

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

THE GAHFH RESTORE IS CONTINUING TO GROW AND IS NOT FAR FROM ITS GOAL OF BECOMING A \$1,000,000 STORE. IN 2022, THE RESTORE WILL BE MOVING TO A NEW LOCATION, ADDING AN ADDITIONAL 10,000 SQ. FT. AND CONSOLIDATING OUR ADMINISTRATIVE OFFICES, MOVING THEM TO THE NEW LOCATION. THE RESTORE IS A UNIQUE RETAIL OUTFIT THAT OBTAINS DONATED HOME CONSTRUCTION/RENOVATION MATERIAL DONATIONS; DONATIONS ARE THEN SOLD TO GENERAL PUBLIC. PROFIT FROM THE RESTORE PROVIDES GENERAL OPERATING SUPPORT TO THE OVERALL ORGANIZATION. THE RESTORE PROVIDES VALUABLE SERVICES FOR DONORS AND PATRONS ALIKE. FOR DONORS, IN-KIND CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW AND PATRONS 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 THROUGH THE ENCOURAGEMENT OF REUSE AND REPURPOSE, AND ALSO THROUGH THE RESTORE CARDBOARD/METAL/ELECTRONIC RECYCLING PROGRAM. ANNUALLY, THE RESTORE SAVES APPROXIMATELY 1,000,000 POUNDS OF WASTE FROM REACHING THE LOCAL LANDFILL

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity

84-1091487

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

THE 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 ASSOCIATE. APPROVED APPLICANTS ARE PAIRED WITH A FAMILY SUPPORT COMMITTEE VOLUNTEER WHO WORK ALONGSIDE THE PARTNER FAMILY THROUGHOUT THE HOMEBUILDING AND CLOSING PROCESSES. SAID VOLUNTEERS WORK WITH THE PARTNER FAMILY TO COMPLETE A SERIES OF SIX WRITTEN LESSONS INCLUDING: OWNERSHIP VS. RENTAL OCCUPANCY, FINANCIAL PLANNING, PROTECTION OF THE INVESTMENT VALUE OF THE HOME, HOMEOWNER'S INSURANCE, EQUITY BUILDING AND INCOME TAX RESPONSIBILITY, AND "YOUR MORTGAGE." 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. GROUP WORKSHOPS INCLUDE: LANDSCAPING, CITY CODES, COVENANTS, HOMEOWNER'S INSURANCE (WORKSHOP), AND HOA. IN 2021, GAHFH HIRED A FAMILY SERVICES SPECIALIST, A HUD CERTIFIED HOUSING COUNSELOR, ALLOWING US TO ACCEPT APPLICATIONS YEAR-ROUND. IN GAHFH'S 34-YEAR HISTORY, THERE HAS ONLY BEEN ONE FORECLOSURE, A TESTAMENT TO GAHFH SUCCESSFULLY PREPARING ITS PARTNERS FOR HOMEOWNERSHIP.

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

Name of the organization

Employer identification number

Greeley Area Habitat for Humanity

84-1091487

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
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	\$	2,074
COST OF INVENTORY SOLD	\$	65,259
Donated ReStore Items	\$	-765,244
SPECIAL EVENT EXPENSES	\$	-2,074
COST OF INVENTORY SOLD	\$	-65,259
Donated Restore Items	\$	765,244

Form **4562**Department of the Treasury
Internal Revenue Service (99)**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

2020Attachment
Sequence No. **179**

Name(s) shown on return

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	1,040,000
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	2,590,000
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 2019 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 2021. 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	43,936

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 2020	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		

Section B—Assets Placed in Service During 2020 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 2020 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	43,936
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.

Form **4562** (2020)

DAA

There are no amounts for Page 2

Greeley Area Habitat for Humanity 84-1091487

Form 4562 (2020)

Page **2****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	<input checked="" type="checkbox"/> 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:										
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.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
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	Yes	No	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?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer 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
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 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

84-1091487

Federal Asset Report

FYE: 6/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Family Resource Center	9/01/04	111,716				111,716	50	MO S/L	35,191	2,234
2	Hyd Pallet Truck	6/26/05	175				175	5	MO S/L	175	0
3	Chair, Book Shelves, Breakroom table & ch	6/26/05	155				155	5	MO S/L	155	0
4	Storage Coffins, Shelves	6/26/05	725				725	5	MO S/L	725	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
13	Family Resource Center	7/01/02	24,289				24,289	0	-- Land	0	0
14	Habitat North HOA - fencing	8/20/08	28,105				28,105	15	MO S/L	22,328	1,873
16	Outlot A/ Sprinkler, Sod Tap	9/12/08	16,885				16,885	20	MO S/L	10,061	844
17	Land	10/10/07	32,422				32,422	0	-- Land	0	0
18	Outlot C	7/01/09	6,515				6,515	15	MO S/L	4,777	435
19	Landscaping, Trees, Shrubs	7/01/09	5,353				5,353	20	MO S/L	2,933	268
20	Outlot A/Park-Sprinkler, Sod Tap	7/31/09	1,442				1,442	20	MO S/L	787	72
21	ReStore Shelving	9/01/10	10,465				10,465	5	MO S/L	10,465	0
22	ReStore Rack System	9/01/10	21,010				21,010	5	MO S/L	21,010	0
23	ReStore Phone System	9/01/10	3,713				3,713	5	MO S/L	3,713	0
24	Seperation Wall at ReStore	9/01/10	13,711				13,711	5	MO S/L	13,711	0
28	ReStore Outdoor Signage	9/01/10	6,361				6,361	5	MO S/L	6,361	0
29	ReStore Cashier Station	9/01/10	1,372				1,372	5	MO S/L	1,372	0
30	Building Permit	5/31/06	23,417				23,417	50	MO S/L	6,596	468
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
50	2005 GMC Sierra 2wd	3/31/05	12,000				12,000	5	MO S/L	12,000	0
52	InnsKeep Fence	10/15/08	26,535				26,535	15	MO S/L	20,933	1,769
53	Landscaping - sod, seed, trees	9/12/08	8,935				8,935	20	MO S/L	5,324	447
56	Park Equipment replacement for asset # 55	8/16/14	11,240				11,240	10	MO S/L	6,557	1,124
57	Forklift	10/30/14	9,700				9,700	5	MO S/L	9,700	0
58	Security Lights	11/25/14	4,775				4,775	10	MO S/L	2,666	478
61	Ricoh MPC2500 Copier/Printer/Scanner	1/24/17	2,595				2,595	5	MO S/L	1,773	519
62	Ricoh MP C2500 Copier/Printer/Scanner	1/24/17	2,595				2,595	5	MO S/L	1,773	519
63	Ford Yukon	8/30/17	8,500				8,500	5	MO S/L	4,817	1,700
64	15 Yard Roll Off Dumpster	10/02/17	2,500				2,500	7	MO S/L	982	357
65	Scaffolding Equipment	4/18/18	10,664				10,664	7	MO S/L	3,301	1,523
66	2018 Ram Promaster 3500	8/09/18	38,785				38,785	5	MO S/L	14,867	7,757
67	2005 GMC C5500 24' Box Truck	12/12/18	14,750				14,750	5	MO S/L	4,671	2,950
68	New Server - ReStore	12/12/18	5,390				5,390	5	MO S/L	1,707	1,078
69	New Server - Admin	12/12/18	5,390				5,390	5	MO S/L	1,707	1,078
70	Used truck for AdMin	6/30/19	2,000				2,000	5	MO S/L	400	400
71	Used Copier - Admin	6/30/19	2,995				2,995	3	MO S/L	998	999
72	2019 Isuzu NQR #7902127	9/09/19	72,613				72,613	5	MO S/L	12,102	14,523
73	2001 Ford F-150 SuperCrew XLT 4WD	5/22/20	6,248				6,248	5	MO S/L	104	521
	Sold/Scrapped: 11/30/20										
Total Other Depreciation			<u>563,286</u>				<u>563,286</u>			<u>253,987</u>	<u>43,936</u>
Total ACRS and Other Depreciation			<u>563,286</u>				<u>563,286</u>			<u>253,987</u>	<u>43,936</u>
Listed Property:											
60	2008 GMC 1500 Truck	6/01/16	<u>4,836</u>				<u>4,836</u>	3	MO S/L	<u>4,836</u>	<u>0</u>
			<u>4,836</u>				<u>4,836</u>			<u>4,836</u>	<u>0</u>
Grand Totals			568,122				568,122			258,823	43,936
Less: Dispositions and Transfers			6,248				6,248			104	521
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>561,874</u>				<u>561,874</u>			<u>258,719</u>	<u>43,415</u>

84-1091487

AMT Asset Report

FYE: 6/30/2021

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:											
1	Family Resource Center	9/01/04	0				0	50	HY	0	0
2	Hyd Pallet Truck	6/26/05	0				0	0	HY	0	0
3	Chair, Book Shelves, Breakroom table & ch	6/26/05	0				0	0	HY	0	0
4	Storage Coffins, Shelves	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
13	Family Resource Center	7/01/02	0				0	0	HY	0	0
14	Habitat North HOA - fencing	8/20/08	0				0	0	HY	0	0
16	Outlot A/ Sprinkler, Sod Tap	9/12/08	0				0	0	HY	0	0
17	Land	10/10/07	0				0	0	HY	0	0
18	Outlot C	7/01/09	0				0	0	HY	0	0
19	Landscaping, Trees, Shrubs	7/01/09	0				0	0	HY	0	0
20	Outlot A/Park-Sprinkler, Sod Tap	7/31/09	0				0	0	HY	0	0
21	ReStore Shelving	9/01/10	0				0	0	HY	0	0
22	ReStore Rack System	9/01/10	0				0	0	HY	0	0
23	ReStore Phone System	9/01/10	0				0	0	HY	0	0
24	Seperation Wall at ReStore	9/01/10	0				0	0	HY	0	0
28	ReStore Outdoor Signage	9/01/10	0				0	0	HY	0	0
29	ReStore Cashier Station	9/01/10	0				0	0	HY	0	0
30	Building Permit	5/31/06	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
50	2005 GMC Sierra 2wd	3/31/05	0				0	0	HY	0	0
52	InnsKeep Fence	10/15/08	0				0	0	HY	0	0
53	Landscaping - sod, seed, trees	9/12/08	0				0	0	HY	0	0
56	Park Equipment replacement for asset # 55	8/16/14	0				0	0	HY	0	0
57	Forklift	10/30/14	0				0	0	HY	0	0
58	Security Lights	11/25/14	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
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	2001 Ford F-150 SuperCrew XLT 4WD	5/22/20	0				0	0	HY	0	0
	Sold/Scrapped: 11/30/20										
	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	<u>0</u>				<u>0</u>	0	HY	<u>0</u>	<u>0</u>
			<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>

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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:					
1	Family Resource Center	9/01/04	111,716	2,234	0
2	Hyd Pallet Truck	6/26/05	175	0	0
3	Chair, Book Shelves, Breakroom table & chairs	6/26/05	155	0	0
4	Storage Coffins, Shelves	6/26/05	725	0	0
10	Furniture (desks)	12/05/01	745	0	0
12	1998 Ford F150 PICKUP	9/26/06	4,000	0	0
13	Family Resource Center	7/01/02	24,289	0	0
14	Habitat North HOA - fencing	8/20/08	28,105	1,874	0
16	Outlot A/ Sprinkler, Sod Tap	9/12/08	16,885	844	0
17	Land	10/10/07	32,422	0	0
18	Outlot C	7/01/09	6,515	434	0
19	Landscaping, Trees, Shrubs	7/01/09	5,353	267	0
20	Outlot A/Park-Sprinkler, Sod Tap	7/31/09	1,442	72	0
21	ReStore Shelving	9/01/10	10,465	0	0
22	ReStore Rack System	9/01/10	21,010	0	0
23	ReStore Phone System	9/01/10	3,713	0	0
24	Seperation Wall at ReStore	9/01/10	13,711	0	0
28	ReStore Outdoor Signage	9/01/10	6,361	0	0
29	ReStore Cashier Station	9/01/10	1,372	0	0
30	Building Permit	5/31/06	23,417	468	0
42	6x10 Enclosed Trailer	9/24/03	2,150	0	0
46	4 Used Filing Cabinets	6/30/04	350	0	0
50	2005 GMC Sierra 2wd	3/31/05	12,000	0	0
52	InnsKeep Fence	10/15/08	26,535	1,769	0
53	Landscaping - sod, seed, trees	9/12/08	8,935	446	0
56	Park Equipment replacement for asset # 55	8/16/14	11,240	1,124	0
57	Forklift	10/30/14	9,700	0	0
58	Security Lights	11/25/14	4,775	477	0
61	Ricoh MPC2500 Copier/Printer/Scanner	1/24/17	2,595	303	0
62	Ricoh MP C2500 Copier/Printer/Scanner	1/24/17	2,595	303	0
63	Ford Yukon	8/30/17	8,500	1,700	0
64	15 Yard Roll Off Dumpster	10/02/17	2,500	357	0
65	Scaffolding Equipment	4/18/18	10,664	1,524	0
66	2018 Ram Promaster 3500	8/09/18	38,785	7,757	0
67	2005 GMC C5500 24' Box Truck	12/12/18	14,750	2,950	0
68	New Server - ReStore	12/12/18	5,390	1,078	0
69	New Server - Admin	12/12/18	5,390	1,078	0
70	Used truck for AdMin	6/30/19	2,000	400	0
71	Used Copier - Admin	6/30/19	2,995	998	0
72	2019 Isuzu NQR #7902127	9/09/19	72,613	14,522	0
Total Other Depreciation			<u>557,038</u>	<u>42,979</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>557,038</u>	<u>42,979</u>	<u>0</u>

Listed Property:

60	2008 GMC 1500 Truck	6/01/16	<u>4,836</u>	<u>0</u>	<u>0</u>
			<u>4,836</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>561,874</u>	<u>42,979</u>	<u>0</u>

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2020
Name		For calendar year 2020, or tax year beginning 07/01/20 , and ending 06/30/21			Employer Identification Number
Greeley Area Habitat for Humanity					84-1091487
Revenue		(a) Other event <u>Colorado Gives</u> (event type)	(b) Other event <u>Subaru Share th</u> (event type)	(c) Other event <u>House That Beer</u> (event type)	(d) Total other events (add col. (a) through col. (c))
1	Gross receipts	24,812	19,325	10,250	54,387
2	Less: Charitable contributions	24,812	19,325	10,250	54,387
3	Gross income (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food/beverages				
8	Entertainment				
9	Other expenses				

Client Copy

Form 990	Two Year Comparison Report For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21	2019 & 2020
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Name

Taxpayer Identification Number

Greeley Area Habitat for Humanity**84-1091487**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 1,595,357	1,732,468	137,111
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,299,968	313,092	-986,876
	4. Program service revenue	4. 1,365,616	1,788,612	422,996
	5. Investment income	5. 5,542	4,593	-949
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 227,778	82,497	-145,281
	8. Net income or (loss) from fundraising events	8. 9,200	-2,074	-11,274
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 30,988	37,695	6,707
	11. Other revenue	11. 11,671	29,621	17,950
	12. Total revenue. Add lines 1 through 11	12. 4,546,120	3,986,504	-559,616
Expenses	13. Grants and similar amounts paid	13. 8,872	3,404	-5,468
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 182,361	205,754	23,393
	16. Salaries, other compensation, and employee benefits	16. 900,292	963,193	62,901
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 24,261	33,053	8,792
	19. Occupancy, rent, utilities, and maintenance	19. 90,000	90,000	
	20. Depreciation and Depletion	20. 41,745	44,668	2,923
	21. Other expenses	21. 1,773,801	2,259,804	486,003
	22. Total expenses. Add lines 13 through 21	22. 3,021,332	3,599,876	578,544
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 1,524,788	386,628	-1,138,160
Other Information	24. Total exempt revenue	24. 4,546,120	3,986,504	-559,616
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,641,595	1,940,944	299,349
	27. Total assets	27. 8,026,449	8,027,528	1,079
	28. Total liabilities	28. 1,253,727	867,178	-386,549
	29. Retained earnings	29. 6,772,722	7,160,350	387,628
	30. Number of voting members of governing body	30. 9	9	
	31. Number of independent voting members of governing body	31. 9	9	
	32. Number of employees	32. 28	26	
	33. Number of volunteers	33. 1626	1034	

Form 990	Tax Return History	2020
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Name Greeley Area Habitat for Humanity	Employer Identification Number 84-1091487
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	1,077,671	1,293,399	1,742,113	2,895,325	2,045,560	
Membership dues						
Program service revenue	1,019,616	948,306	644,730	1,365,616	1,788,612	
Capital gain or loss	269,963	41,057		227,778	82,497	
Investment income	261	1,940	3,743	5,542	4,593	
Fundraising revenue (income/loss)	44,983	89,611	245,308	9,200	-2,074	
Gaming revenue (income/loss)						
Other revenue	42,923	85,995	93,878	42,659	67,316	
Total revenue	2,455,417	2,460,308	2,729,772	4,546,120	3,986,504	
Grants and similar amounts paid				8,872	3,404	
Benefits paid to or for members						
Compensation of officers, etc.	136,899	153,612	158,422	182,361	205,754	
Other compensation	486,985	580,865	743,811	900,292	963,193	
Professional fees	18,617	20,559	23,000	24,261	33,053	
Occupancy costs	41,184	41,184	42,752	90,000	90,000	
Depreciation and depletion	14,776	17,320	28,202	41,745	44,668	
Other expenses	1,486,827	1,499,375	1,044,556	1,773,801	2,259,804	
Total expenses	2,185,288	2,312,915	2,040,743	3,021,332	3,599,876	
Excess or (Deficit)	270,129	147,393	689,029	1,524,788	386,628	
Total exempt revenue	2,455,417	2,460,308	2,729,772	4,546,120	3,986,504	
Total unrelated revenue		51,464				
Total excludable revenue	1,332,763	1,025,834	742,351	1,641,595	1,940,944	
Total Assets	4,508,400	4,660,542	5,434,142	8,026,449	8,027,528	
Total Liabilities	96,889	101,637	186,208	1,253,727	867,178	
Net Fund Balances	4,411,511	4,558,905	5,247,934	6,772,722	7,160,350	

Form 990T	Tax Return History	2020
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Name Greeley Area Habitat for Humanity	Employer Identification Number 84-1091487
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* Income shown net of expenses

	2016	2017	2018	2019	2020	2021
Business activity profit/loss		51,464				
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.		51,464				
Compensation of officers, ect.						
Other salaries and wages		12,813				
Repairs and maintenance		2,025				
Bad debts						
Interest						
Taxes and licenses		1,503				
Charitable contributions						
Depreciation and Depletion		416				
Deferred compensation plans						
Employee benefit programs		2,100				

Form **990T**

Tax Return History

2020

Name **Greeley Area Habitat for Humanity** Employer Identification Number **84-1091487**

	2016	2017	2018	2019	2020	2021
Other deductions		20,825				
Net income (990T/first activity)		11,782				
UBTI from all trades	0	11,782	0	0	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction		1,000			1,000	
Income after expense and deductions		10,782				
Income tax (corporate or trust)		1,938				
Other taxes						
Total taxes		1,938				
General business credit						
Other credits						
Net tax after credits		1,938				
Estimated tax payments						
Other payments						
Balance due/Overpayment		1,938				

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	\$ 4,593		14			
Total	\$ 4,593					

Client Copy

84-1091487

Federal Statements

FYE: 6/30/2021

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Utilities	\$ 16,384	\$ 11,284	\$ 5,100	\$
Other Costs	14,604	-78	10,367	4,315
Repair and Maintenance	11,791	9,541	2,250	
Credit Card Processing	11,305	11,305		
Telephone	10,773	7,307	3,466	
Vehicle Expenses	7,253	7,253		
Food and Amenities	5,418	467	203	4,748
Dues	3,882		3,882	
Dues paid to HOA	60	60		
In-kind expenses	-3,090		-3,090	
Total	\$ 78,380	\$ 47,139	\$ 22,178	\$ 9,063

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Schedule A, Part II, Line 1(e)

Description	Amount
GURA Funding	\$ 61,292
SBA - PPP	173,800
SHOP	78,000
Other various grants	597,514
ReStore items - Donated	765,244
Donated materials	69,432
Contributions	
Vehicle	41,500
Donated Supplies	744
Colorado Gives Day	
Cash Contribution	24,812
House That Beer Built	
Cash Contribution	10,250
Other	
Cash Contribution	3,376
2019 Breakfast	
Cash Contribution	85
2020 Breakfast	
Cash Contribution	170,086
2021 Breakfast	
Cash Contribution	30,100
Subaru Share the Love	
Cash Contribution	19,325
Total	\$ 2,045,560

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Schlessman Family Foundation	\$ 40,000	\$
George W. Doering Family Foundation		
Thrivent Financial for Lutherans	132,482	
Greeley Urban Renewal Authority	61,292	
Atmos Energy	40,000	
Monfort Family Foundation		
Charlie Monfort		
Dick Monfort	100,000	
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		
Department of Local Affairs		
Habitat for Humanity Colorado		
Habitat for Humanity International	78,000	
Independent Bank		
Lowes Home Improvement		
SRC Home Remedies, LLC		
James D. Gergens Estate		
Subaru of America	19,325	
The Weld Trust	5,000	
SBA PPP	173,800	
Monfort Family Foundation	100,000	
Atmos Energy	81,500	
Schlessman Family Foundation	80,000	
Anadarko Petroleum Corp	140,000	
West Valley Community Church	55,000	
Dick Monfort	150,000	
Walmart	25,500	
Total	\$ 1,296,899	\$ 0

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Schedule A, Part II, Line 8(e)

Description	Amount
Interest Income	\$ 4,593
Oil & Gas Income	16,212
Total	<u>\$ 20,805</u>

Schedule A, Part II, Line 9(e)

Description	Amount
Colorado Gives Day	\$
House That Beer Built	
Other	-224
2019 Breakfast	
2020 Breakfast	
2021 Breakfast	-1,850
Less: Deductions	<u>-1,000</u>
Total	<u>\$ -3,074</u>

Schedule A, Part II, Line 10(e)

Description	Amount
Miscellaneous Income	\$ 8,392
HOA	5,017
Restore Sales - Purchased	102,954
Subaru Share the Love	
Total	<u>\$ 116,363</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
Homes Sold	\$ 927,000
Mortgage Amortization	95,063
Restore Sales	766,549
ReStore Sales - Donated	
Cookie Walk	
Total	\$ 1,788,612

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