

2010 TAX RETURN

CLIENT COPY

Client: HABITAT

Prepared for: HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC
280 ALLIGATOR DRIVE
VENICE, FL 34293-5702
941-493-6606

Prepared by: JOHN F. DOWD
DOWD WHITTAKER & ASSOCIATES CPAS PA
1521 S. TAMiami TRAIL, SUITE 303
VENICE, FL 34285
(941) 493-5299

Date: DECEMBER 20, 2011

Comments:

Route to: _____

2010 Exempt Org. Return
prepared for:

**HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC**
280 ALLIGATOR DRIVE
VENICE, FL 34293-5702

Dowd Whittaker & Associates CPAS PA
1521 S. Tamiami Trail, Suite 303
Venice, FL 34285

DOWD WHITTAKER & ASSOCIATES CPAS PA
1521 S. TAMiami TRAIL, SUITE 303
VENICE, FL 34285
(941) 493-5299

Client HABITAT
December 20, 2011

**HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC**
280 ALLIGATOR DRIVE
VENICE, FL 34293-5702
941-493-6606

FEDERAL FORMS

Form 990	2010 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule G	Fundraising or Gaming Activities
Schedule M	Non-Cash Contributions
Schedule O	Supplemental Information
Form 8868	Application for Extension
Form 990-T	2010 Exempt Organization Bus. Income Tax Return
Form 8868 (T)	Application for Extension
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC

65-0326534

	2010	2009	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS	624,778	1,706,514	-1,081,736
PROGRAM SERVICE REVENUE.....	1,361,624	590,203	771,421
INVESTMENT INCOME.....	8,407	5,771	2,636
OTHER REVENUE.....	141,007	108,092	32,915
TOTAL REVENUE.....	2,135,816	2,410,580	-274,764
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	355,116	314,984	40,132
OTHER EXPENSES.....	1,808,559	825,315	983,244
TOTAL EXPENSES.....	2,163,675	1,140,299	1,023,376
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-27,859	1,270,281	-1,298,140
TOTAL ASSETS AT END OF YEAR.....	4,658,461	4,793,663	-135,202
TOTAL LIABILITIES AT END OF YEAR.....	218,156	325,499	-107,343
NET ASSETS/FUND BALANCES AT END OF YEAR.	4,440,305	4,468,164	-27,859

HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC

65-0326534

	2010	2009	DIFF
REVENUE			
GROSS RECEIPTS OR SALES.....	77,212	165,512	-88,300
LESS RETURNS AND ALLOWANCES.....	0	161	-161
NET SALES.....	77,212	165,351	-88,139
COST OF GOODS SOLD.....	59,219	132,724	-73,505
GROSS PROFIT.....	17,993	32,627	-14,634
TOTAL REVENUE.....	17,993	32,627	-14,634
DEDUCTIONS			
SALARIES AND WAGES.....	25,192	53,714	-28,522
REPAIRS AND MAINTENANCE.....	1,381	3,414	-2,033
TAXES AND LICENSES.....	4,844	5,342	-498
DEPRECIATION.....	6,580	9,663	-3,083
DEPRECIATION CLAIMED ON PAGE ONE.....	6,580	9,663	-3,083
OTHER DEDUCTIONS.....	9,412	25,361	-15,949
TOTAL DEDUCTIONS.....	47,409	97,494	-50,085
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUS TAXABLE INC (LINE 30).....	-29,416	-64,867	35,451
UNRELATED BUS TAXABLE INC (LINE 32).....	-29,416	-64,867	35,451
UNRELATED BUSINESS TAXABLE INCOME.....	-29,416	-64,867	35,451
TAX COMPUTATION			
INCOME TAX.....	0	0	0
NET TAX.....	0	0	0
PAYMENTS AND CREDITS			
TOTAL PAYMENTS AND CREDITS.....	0	0	0
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH M, SCH O, 8868, 990-T

TAX RATES

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	0. %	0. %

CARRYOVERS TO 2011

FEDERAL CARRYOVERS

NET OPERATING LOSS

89,146.

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

ADDITIONAL INSTRUCTIONS:

FORM 990-T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN) RETURN CANNOT BE FILED ELECTRONICALLY. YOU MUST FILE THIS RETURN AS A CONVENTIONAL PAPER RETURN.

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WHEN FILING FORM 8868 ELECTRONICALLY.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

RENTAL INCOME WORKSHEET**RESIDENTIAL HOMES**

GROSS RENTAL INCOME.....	\$	41,129.
EXPENSES		
DEPRECIATION.....		10,364.
GARDENING.....		2,171.
INSURANCE.....		611.
PAINTING AND DECORATING.....		1,040.
PEST CONTROL.....		1,250.
PLUMBING AND ELECTRICAL.....		744.
REPAIRS.....		1,885.
UTILITIES.....		1,328.
VOLUNTEER FIRE.....		350.
SEPTIC SERVICE.....		586.
TOTAL EXPENSES.....	\$	<u>20,329.</u>
NET RENTAL INCOME OR LOSS		<u>\$ 20,800.</u>

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	3,592.
2. PURCHASES.....	61,531.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>65,123.</u>
7. INVENTORY AT END OF YEAR.....	5,904.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>59,219.</u></u>

**FORM 990, PART IX, LINE 24F
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
ANNUAL MEETING/NEWSLETTER	12,937.	9,962.		2,975.
HABITAT INTERNATIONAL TITHES	14,148.	14,148.		
MISC EXPENSES	2,136.	1,121.	1,015.	
POSTAGE AND SHIPPING	3,061.	2,143.	612.	306.
TELEPHONE	4,284.	2,999.	857.	428.
VOLUNTEER PROGRAM/FAMILY SVCS	13,782.	13,782.		
TOTAL	<u>\$ 50,348.</u>	<u>\$ 44,155.</u>	<u>\$ 2,484.</u>	<u>\$ 3,709.</u>

COMPUTATION OF COST OF GOODS SOLD (FORM 990-T)

1. INVENTORY AT START OF YEAR.....	3,592.
2. PURCHASES.....	61,531.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.

COMPUTATION OF COST OF GOODS SOLD (FORM 990-T) (CONTINUED)

5. OTHER COSTS	0.
6. TOTAL (ADD LINES 1 THROUGH 5)	65,123.
7. INVENTORY AT END OF YEAR	5,904.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	<u>59,219.</u>

COMPUTATION OF 2010 NET OPERATING LOSS

1. TOTAL INCOME	17,993.
2. TOTAL DEDUCTIONS	47,409.
3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2)	<u>-29,416.</u>
2010 NET OPERATING LOSS	<u>29,416.</u>

6/30/11

2010 FEDERAL BOOK DEPRECIATION SCHEDULE
HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC

PAGE 1

65-0326534

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																	
<u>AUTO / TRANSPORT EQUIPMENT</u>																	
5	TRUCK	2/14/07		25,055							25,055	17,536	S/L	5		5,011	
6	TRAILER	6/23/09		4,000							4,000	4,000	S/L	5		0	
TOTAL AUTO / TRANSPORT EQUIP				29,055		0	0	0	0	0	29,055	21,536				5,011	
<u>BUILDINGS</u>																	
1	BUILDING -280 ALLIGATOR	2/22/05		303,350							303,350	42,779	S/L	MM	39	.02564	7,778
2	BUILDING-IMPROVEMENTS	5/31/08		4,339							4,339	279	S/L	MM	39	.02564	111
35	AIR-CONDITIONER	6/15/11		4,636							4,636		S/L	15		26	
TOTAL BUILDINGS				312,325		0	0	0	0	0	312,325	43,058				7,915	
<u>COMPUTER EQUIPMENT</u>																	
7	COMPUTERS	4/24/08		2,817							2,817	1,409	S/L	5		563	
8	COLOR PRINTER	3/10/09		2,085							2,085	626	S/L	5		417	
9	LAPTOP COMPUTER	1/09/10		1,047							1,047	105	S/L	5		209	
36	NEW COMPUTER SERVER	1/03/11		4,226							4,226		S/L	5		423	
37	12 NEW COMPUTERS	3/23/11		7,457							7,457		S/L	5		373	
TOTAL COMPUTER EQUIPMENT				17,632		0	0	0	0	0	17,632	2,140				1,985	
<u>MACHINERY AND EQUIPMENT</u>																	

2010 FEDERAL BOOK DEPRECIATION SCHEDULE
HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
3	EQUIPMENT	10/17/05		8,071							8,071	6,684	S/L	5		538
4	SCAFFOLDING	6/23/09		8,924							8,924	2,678	S/L	5		1,785
	TOTAL MACHINERY AND EQUIPME			16,995		0	0	0	0	0	16,995	9,362				2,323
	RESTORE															
31	BUILDING-1400 OGDEN RD	4/14/10		936,574							936,574	5,011	S/L MM	39	.02564	24,014
	TOTAL RESTORE			936,574		0	0	0	0	0	936,574	5,011				24,014
	RESTORE EQUIPMENT															
18	POS COMPUTER SYSTEM	3/06/07		5,433							5,433	3,622	S/L	5		1,087
19	TELEPHONE SYSTEM	7/16/07		2,200							2,200	916	S/L	7		314
20	COMPUTER	8/15/07		1,817							1,817	1,060	S/L	5		363
32	JEWELRY CASE	11/18/09		300							300	25	S/L	7		43
33	DISPLAY CASES	11/07/09		697							697	66	S/L	7		100
38	AIR UNITS (2) RESTORE	2/02/11		10,160							10,160		S/L HY	15	.03330	338
41	HAND TRUCKS	12/22/10		555							555		S/L HY	5	.10000	56
	TOTAL RESTORE EQUIPMENT			21,162		0	0	0	0	0	21,162	5,689				2,301
	RESTORE IMPROVEMENTS															
26	BUILDING IMPROVEMENTS	1/01/07		22,191							22,191	7,767	S/L	10		2,219
27	SEALCOATING	7/16/07		2,400							2,400	1,400	S/L	5		480
28	FENCE	8/25/07		2,295							2,295	880	S/L	5		459
29	FLAG POLE	12/14/07		1,020							1,020	263	S/L	10		102
30	ELECTRIC	8/28/07		4,587							4,587	1,300	S/L	10		459
34	AIR-CONDITIONER	6/11/10		4,534							4,534	5	S/L MM	39	.02564	116

6/30/11

2010 FEDERAL BOOK DEPRECIATION SCHEDULE
HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC

PAGE 3

65-0326534

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
39	FENCE	2/02/11		1,876							1,876		S/L HY	15	.03330	62
40	CONCRETE RAMPS	4/03/11		2,600							2,600		S/L HY	15	.03330	87
	TOTAL RESTORE IMPROVEMENTS			41,503		0	0	0	0	0	41,503	11,615				3,984
	RESTORE VEHICLES															
21	BOX TRUCK	12/29/06		30,606							30,606	21,424	S/L	5		6,121
22	FORK LIFT	3/09/07		35,812							35,812	17,053	S/L	7		5,116
23	GPS BOX TRUCK	3/30/07		1,878							1,878	1,221	S/L	5		376
24	05 CHEVY TRUCK 3500	5/02/07		3,693							3,693	2,132	S/L	5		739
25	SAYCO	11/13/07		6,080							6,080	3,243	S/L	5		1,216
	TOTAL RESTORE VEHICLES			78,069		0	0	0	0	0	78,069	45,073				13,568
	TOTAL DEPRECIATION			<u>1,453,315</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,453,315</u>	<u>143,484</u>				<u>61,101</u>
	RENTAL ACTIVITY - RESIDENTIAL HOMES															
	BUILDINGS															
10	350 CHURCH STREET	3/01/09		50,000							50,000	2,435	S/L MM	27.5	.03636	1,818
11	365 SCOTT STREET	3/01/09		110,000							110,000	5,358	S/L MM	27.5	.03636	4,000
12	504 COLLINS DUPLEX 1	3/01/09		62,500							62,500	3,045	S/L MM	27.5	.03636	2,273
13	504 COLLINS DUPLEX 2	3/01/09		62,500							62,500	3,045	S/L MM	27.5	.03636	2,273
	TOTAL BUILDINGS			285,000		0	0	0	0	0	285,000	13,883				10,364

6/30/11

2010 FEDERAL BOOK DEPRECIATION SCHEDULE
HABITAT FOR HUMANITY SOUTH SARASOTA
COUNTY, INC

PAGE 4

65-0326534

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
LAND																
14	350 CHURCH STREET LAND	3/01/09		25,000							25,000					0
15	365 SCOTT ST-LAND	3/01/09		40,000							40,000					0
16	504 COLLINS DUPLEX 1-LAND	3/01/09		25,000							25,000					0
17	504 COLLINS DUPLEX 2-LAND	3/01/09		25,000							25,000					0
TOTAL LAND				115,000		0	0	0	0	0	115,000	0				0
TOTAL DEPRECIATION				<u>400,000</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>400,000</u>	<u>13,883</u>				<u>10,364</u>
GRAND TOTAL DEPRECIATION				<u>1,853,315</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,853,315</u>	<u>157,367</u>				<u>71,465</u>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning 7/01, 2010, and ending 6/30, 2011.

Department of the Treasury
Internal Revenue Service

G Do not send to the IRS. Keep for your records.
G See instructions.

2010

Name of exempt organization

HABI TAT FOR HUMANI TY SOUTH SARASOTA
COUNTY, I NC

Employer identification number

65-0326534

Name and title of officer

ERI C ROBI NSON

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b.
Do not complete more than 1 line in Part I.

1a Form 990 check here. G <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,135,816.</u>
2a Form 990-EZ check here. G <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here. G <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here. G <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here. G <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

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

organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DOWD WHITTAKER & ASSOCIATES CPAS PA to enter my PIN 81290 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

the return's disclosure consent screen.

program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature G _____ Date G _____

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. 65547412345
do not enter all zeros

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 G JOHN F. DOWD Date G _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2010)

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 7/01, 2010, **and ending** 6/30, 2011

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

HABITAT FOR HUMANITY SOUTH SARASOTA COUNTY, INC
 280 ALLIGATOR DRIVE
 VENICE, FL 34293-5702

D Employer Identification Number: 65-0326534
E Telephone number: 941-493-6606
G Gross receipts \$ 2,235,945.

F Name and address of principal officer: SAME AS C ABOVE
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

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

J Website: **G** HABITATSOUTHSARASOTA.ORG **H(c)** Group exemption number **G** 8545

K Form of organization: Corporation Trust Association Other **L** Year of Formation: **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HABITAT FOR HUMANITY SOUTH SARASOTA COUNTY, INC WORKS IN PARTNERSHIP WITH GOD'S PEOPLE IN NEED TO PROVIDE SAFE, DECENT, AFFORDABLE HOUSING</u>			
	2 Check this box <input type="checkbox"/> G 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)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	31	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	17,993.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-29,416.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,706,514.	624,778.
	9	Program service revenue (Part VIII, line 2g)	590,203.	1,361,624.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,771.	8,407.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,092.	141,007.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,410,580.	2,135,816.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	314,984.	355,116.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) G 95,539.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	825,315.	1,808,559.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,140,299.	2,163,675.	
19	Revenue less expenses. Subtract line 18 from line 12	1,270,281.	-27,859.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	4,793,663.	4,658,461.
	21	Total liabilities (Part X, line 26)	325,499.	218,156.
22	Net assets or fund balances. Subtract line 21 from line 20	4,468,164.	4,440,305.	

Part II Signature Block

complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

A _____ Date _____
 Signature of officer

A ERI C ROBINSON TREASURER
 Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name: JOHN F. DOWD
 Preparer's signature: JOHN F. DOWD
 Date: _____
 Check if self-employed PTIN: N/A

Firm's name: G DOWD WHITTAKER & ASSOCIATES CPAS PA
 Firm's address: G 1521 S. TAMAMI TRAIL, SUITE 303 VENICE, FL 34285
 Firm's EIN: G N/A
 Phone no.: (941) 493-5299

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. []

1 Briefly describe the organization's mission:

HABI TAT FOR HUMANI TY SOUTH SARASOTA COUNTY, INC WORKS IN PARTNERSHIP WITH GOD' S PEOPLE IN NEED TO PROVIDE SAFE, DECENT, AFFORDABLE HOUSING

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 expenses, and revenue, if any, for each program service reported.

4a (Code: []) (Expenses \$ 1,676,839. including grants of \$ 141,784.) (Revenue \$ 790,559.) HABI TAT FOR HUMANI TY SOUTH SARASOTA COUNTY INC HAS SOLD HOME TO APPROXIMATELY 80 FAMILIES IN AFFORDABLE HOUSING AND IS IN PROCESS OF BUILDING AN 18 HOMES IN GARDEN PARK A MULTI-FAMILY NEIGHBORHOOD. EIGHT HOMES WERE COMPLETED AND SOLD IN CURRENT YEAR 10 MORE ARE EXPECTED TO BE COMPLETED IN NEXT FISCAL YEAR. HOMES ARE "GREEN" AND ENERGY EFFICIENT TOWN HOUSES AND DUPLEXES.

4b (Code: []) (Expenses \$ 316,059. including grants of \$) (Revenue \$ 516,493.) RESTORE SELLS DONATED GOODS AND PURCHASED GOODS AS PART OF PROGRAM SERVICES WITH PROFIT SUPPORTING MI SSION TO PROVIDE HOUSING

4c (Code: []) (Expenses \$ 10,239. including grants of \$) (Revenue \$ 131,784.) NSP PROGRAM PLACED FIVE (5) FAMILIES IN HOMES THAT HAD BEEN REHABILITATED THIS FISCAL YEAR.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses G 2,003,137.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	for public office? If 'Yes,' complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10	If 'Yes,' complete Schedule D, Part V		X
11	or X as applicable.		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments' other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c	Did the organization report an amount for investments' program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		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, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30	contributions? If 'Yes,' complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		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? If 'Yes,' complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 12		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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. 31		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If 'Yes,' enter the name of the foreign country: G See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	c Form 8282?		X
7d	d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
7e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	a Did the organization make any taxable distributions under section 4966?		
9b	b Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	a Initiation fees and capital contributions included on Part VIII, line 12		
10b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	a Gross income from members or shareholders		
11b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	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.		
13b	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.		
13c	c Enter the amount of reserves on hand.		
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or 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 in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed G NONE

18 inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 statements available to the public. SEE SCHEDULE O

20 G JUDI TH H. WILCOX 280 ALLI GATOR DRIVE VENICE FL 34293-5702 941-493-6606

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

Check if Schedule O contains a response to any question in this Part VII.

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

1 a 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 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.

employees; and former such persons.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) ANDREW SIMKINS DI RECTOR	0						0.	0.	0.	
(2) GOLDA RADEFELD PRESI DENT	0						0.	0.	0.	
(3) ERI C ROBINSON TREASURER	0						0.	0.	0.	
(4) FRED HAMMETT SECRETARY	0						0.	0.	0.	
(5) RI CHARD APPELL DI RECTOR	0						0.	0.	0.	
(6) RI CHARD AYERS DI RECTOR	0						0.	0.	0.	
(7) KARL BECKOM DI RECTOR	0						0.	0.	0.	
(8) MARK BEEBE DI RECTOR	0						0.	0.	0.	
(9) GREGG HASSLER, JR DMD DI RECTOR	0						0.	0.	0.	
(10) DAVI D CORNISH DI RECTOR	0						0.	0.	0.	
(11) MI CHELE HAZELTINE VI CE PRESI DENT	0						0.	0.	0.	
(12) JOE JUSTICE DI RECTOR	0						0.	0.	0.	
(13) STEPHEN LONG DI RECTOR	0						0.	0.	0.	
(14) KAREN ROBERTS DI RECTOR	0						0.	0.	0.	
(15) FRED TOWER III DI RECTOR	0						0.	0.	0.	
(16) JON STEKETEE DI RECTOR	0						0.	0.	0.	
(17) DENNI S STROER DI RECTOR	0						0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(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			
(18) SANDRA WALLI CZEK DI RECTOR	0						0.	0.	0.	
(19) JUDI TH H WILCOX EXECUTI VE DI REC	40				X		99,635.	0.	0.	
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1b Sub-total						G	99,635.	0.	0.	
c Total from continuation sheets to Part VII, Section A						G	0.	0.	0.	
d Total (add lines 1b and 1c)						G	99,635.	0.	0.	

2 from the organization G 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization G 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	233, 750.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	391, 028.				
	g Noncash contributions included in lns 1a-1f: \$		49, 774.				
h Total. Add lines 1a-1f.	G	624, 778.					
PROGRAM SERVICE REVENUE			Business Code				
	2 a HOME SALES		230000	790, 559.	790, 559.		
	b RESTORE		453310	439, 281.	439, 281.		
	c NEI GHBORHOOD STABI LI ZATIO		230000	131, 784.	131, 784.		
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.	G	1, 361, 624.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		G	8, 407.		8, 407.	
	4 Income from investment of tax-exempt bond proceeds		G				
	5 Royalties		G				
			(i) Real	(ii) Personal			
	6 a Gross Rents		41, 129.				
	b Less: rental expenses		20, 329.				
	c Rental income or (loss)		20, 800.				
	d Net rental income or (loss)	G	20, 800.			20, 800.	
			(i) Securities	(ii) Other			
	7 a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)	G					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	182, 876.				
	b Less: direct expenses	b	20, 581.				
c Net income or (loss) from fundraising events	G	162, 295.			162, 295.		
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	G						
10 a Gross sales of inventory, less returns and allowances	a	77, 212.					
b Less: cost of goods sold	b	59, 219.					
c Net income or (loss) from sales of inventory	G	17, 993.		17, 993.			
		Business Code					
11 a MORTGAGE SERVICE FEES		230000	5, 109.	5, 109.			
b MI SCELLANEOUS INCOME		230000	1, 922.	1, 922.			
c MORTGAGE DI SCOUNT AMORT		230000	-67, 112.	-67, 112.			
d All other revenue							
e Total. Add lines 11a-11d.	G	-60, 081.					
12 Total revenue. See instructions	G	2, 135, 816.	1, 301, 543.	17, 993.	191, 502.		

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	99,634.	39,854.	29,890.	29,890.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	227,265.	168,680.	12,551.	46,034.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	2,233.	1,496.	274.	463.
10 Payroll taxes.	25,984.	16,630.	3,378.	5,976.
11 Fees for services (non-employees):				
a Management.				
b Legal.	18,158.	18,158.		
c Accounting.	5,800.	5,800.		
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.	4,452.	4,452.		
12 Advertising and promotion.				
13 Office expenses.	10,362.	7,254.	2,072.	1,036.
14 Information technology.				
15 Royalties.				
16 Occupancy.	14,816.	11,853.	2,963.	
17 Travel.	318.	254.	64.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	6,158.	6,158.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	17,234.	13,646.	3,588.	
23 Insurance.	38,675.	30,940.	7,735.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COST OF HOUSES	1,273,347.	1,273,347.		
b RESTORE-EXEMPT EXPENSES	268,650.	268,650.		
c RESTORE-UNRELATED BUS EXP	47,409.	47,409.		
d DEVELOPMENT & FUND RAISING	37,442.	29,011.		8,431.
e CONSTRUCTION SUPPORT	15,390.	15,390.		
f All other expenses.	50,348.	44,155.	2,484.	3,709.
25 Total functional expenses. Add lines 1 through 24f.	2,163,675.	2,003,137.	64,999.	95,539.
26 Joint costs. Check here G <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash - non-interest-bearing	888,103.	1	869,677.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,866.	4	3,469.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	311,005.	7	576,429.
	8	Inventories for sale or use	1,893,828.	8	1,546,569.
	9	Prepaid expenses and deferred charges	29,812.	9	36,188.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,853,315.		
	b	Less: accumulated depreciation	10b 228,832.	10c	1,624,483.
	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	1,611.	15	1,646.
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,793,663.	16	4,658,461.	
LIABILITIES	17	Accounts payable and accrued expenses	19,795.	17	41,224.
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	140,000.	23	55,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	165,704.	25	121,932.
	26	Total liabilities. Add lines 17 through 25	325,499.	26	218,156.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	4,461,231.	27	4,088,583.
	28	Temporarily restricted net assets	6,933.	28	351,722.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	4,468,164.	33	4,440,305.
34	Total liabilities and net assets/fund balances.	4,793,663.	34	4,658,461.	

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,135,816.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,163,675.
3	Revenue less expenses. Subtract line 2 from line 1	3	-27,859.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,468,164.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,440,305.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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 in Schedule O.		X
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

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.

G Attach to Form 990 or Form 990-EZ. G See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization HABI TAT FOR HUMANI TY SOUTH SARASOTA COUNTY, I NC	Employer identification number 65-0326534
---	---

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 11, 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.)
- 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: _____ section _____
- 5 **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 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 from activities related to its exempt functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III ' Functionally integrated
 - d Type III ' Other

- e section 509(a)(2).
- f check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it 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.						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						G <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test ' 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	G <input type="checkbox"/>	
b 33-1/3% support test ' 2009. 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	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2010. 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 IV how	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2009. 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 IV how the	G <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.	G <input type="checkbox"/>	

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

to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in)G	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	556,334.	1,404,577.	881,018.	1,706,514.		4,548,443.
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.						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	556,334.	1,404,577.	881,018.	1,706,514.	0.	4,548,443.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						4,548,443.

Section B. Total Support

Calendar year (or fiscal yr beginning in)G	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	556,334.	1,404,577.	881,018.	1,706,514.	0.	4,548,443.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12.)	556,334.	1,404,577.	881,018.	1,706,514.	0.	4,548,443.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests ' 2010. 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. G

b 33-1/3% support tests ' 2009. 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. G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. G

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization HABI TAT FOR HUMANI TY SOUTH SARASOTA
COUNTY, I NC

Employer identification number
65-0326534

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

Note.

General Rule

contributor. (Complete Parts I and II.)

Special Rules

(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. 1) \$5,000 or

aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. G \$ _____

Caution:

990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

HABI TAT FOR HUMANI TY SOUTH SARASOTA

65-0326534

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RI CHARD AYERS ----- 464 BAYSHORE DRIVE ----- VENI CE, FL 34285 -----	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	PUBLI X SUPER MARKETS CHARI TIES ----- P O BOX 407 ----- LAKELAND, FL 33902-0407 -----	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	BON SECOURS HEALTH SYSTEM INC ----- P O BOX 6189 ----- ELLI COTT CITY, MD 21042 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	JOHN REDGRAVE ----- 7377 BRODIE CT ----- SARASOTA, FL 34238 -----	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

HABITAT FOR HUMANITY SOUTH SARASOTA

65-0326534

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	VACANT LAND	\$ 25,000.	12/28/10

BAA

Name of organization

Employer identification number

HABITAT FOR HUMANITY SOUTH SARASOTA

65-0326534

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
G Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
G Attach to Form 990. G See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

HABI TAT FOR HUMANI TY SOUTH SARASOTA
COUNTY, I NC

65-0326534

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate 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' to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 tax year G _____

4 Number of states where property subject to conservation easement is located G _____

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, and enforcing conservation easements during the year G _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year G \$ _____

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 conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a in Part XIV, the text of the footnote to its financial statements that describes these items.

b following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1.....	G\$ _____
(ii) Assets included in Form 990, Part X.....	G\$ _____

2 amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1.....	G\$ _____
b Assets included in Form 990, Part X.....	G\$ _____

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

3 items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Part XIV.

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 organization answered 'Yes' to 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 XIV 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? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment G _____ %
- b Permanent endowment G _____ %
- c Term endowment G _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		115,000.		115,000.
b Buildings		592,689.	99,208.	493,481.
c Leasehold improvements		9,112.	175.	8,937.
d Equipment		68,448.	53,712.	14,736.
e Other		1,068,066.	75,737.	992,329.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	G			1,624,483.

Part VII Investments' Other Securities. See Form 990, Part X, line 12. N/A

(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) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) . . . G		

Part VIII Investments' Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . G		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15) G	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEPOSIT S	18,295.
(3) ESCROW ACCOUNTS	103,637.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) G	121,932.

2. organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,135,816.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,163,675.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-27,859.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-27,859.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,135,816.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,135,816.
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 XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,135,816.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,163,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,163,675.
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 XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,163,675.

Part XIV Supplemental Information

any additional information.

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18,
or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
G Attach to Form 990 or Form 990-EZ. G See separate instructions.

**Open to Public
Inspection**

Name of the organization **HABI TAT FOR HUMANI TY SOUTH SARASOTA
COUNTY, I NC**

Employer identification number
65-0326534

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

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

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

2a employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				G		0.

3 or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SWEET HOME HAB (event type)	WOMEN BUILD CA (event type)	1 (total number)	(add column (a) through column (c))	
1	Gross receipts	98,347.	62,738.	14,727.	175,812.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	98,347.	62,738.	14,727.	175,812.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	9,601.		5,542.	15,143.
	8	Entertainment	1,895.			1,895.
	9	Other direct expenses	3,286.		257.	3,543.
10	Direct expense summary. Add lines 4- through 9 in column (d)				G 20,581.	
11	Net income summary. Combine line 3, column (d), and line 10				G 155,231.	

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash 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)				G
8	Net gaming income summary. Combine lines 1, column (d) and line 7				G

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate 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 operate 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 operated 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 G _____

Address G _____

- 15a Does the organization have a contact 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 G \$ _____ and the amount of gaming revenue retained by the third party G \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name G _____

Address G _____

16 Gaming manager information:

Name G _____

Gaming manager compensation G \$ _____

Description of services provided G _____

- 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 organization's own exempt activities during the tax year G \$ _____

Part IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**G Complete if the organizations answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
G Attach to Form 990.**

Name of the organization **HABI TAT FOR HUMANI TY SOUTH SARASOTA
COUNTY, I NC**

Employer identification number
65-0326534

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities' Publicly traded				
10 Securities' Closely held stock				
11 Securities' Partnership, LLC, or trust interests				
12 Securities' Miscellaneous				
13 Qualified conservation contribution' Historic structures				
14 Qualified conservation contribution' Other				
15 Real estate' Residential	X	1	25,000.	
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 G (_____)				
26 Other G (_____)				
27 Other G (_____)				
28 Other G (_____)				

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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		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 non-standard contributions?

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

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization HABI TAT FOR HUMANI TY SOUTH SARASOTA
COUNTY, INC

Employer identification number
65-0326534

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

REVIEWED BY TREASURER AND FINANCE COMMITTEE COMPOSED OF BOARD MEMBERS AT MEETING
BEFORE 990 AND 990T FILED WITH IRS

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEETS REGULARLY AND REVIEWS ANY POTENTIAL CONFLICTS OF INTEREST POLICY IS ALSO
PART OF EMPLOYEE MANUAL

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILBLE UPON REQUEST

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

G File a separate application for each return.

? If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **G**

? If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a

electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension ' check this box and complete Part I only **G**

income tax returns.

Type or print	Name of exempt organization HABITAT FOR HUMANITY SOUTH SARASOTA COUNTY, INC	Employer identification number 65-0326534
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 280 ALLIGATOR DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VENICE, FL 34293-5702	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

? The books are in the care of **G JUDITH H. WILCOX** _____

Telephone No. **G 941-493-6606** _____ FAX No. **G** _____

? If the organization does not have an office or place of business in the United States, check this box **G**

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box **G** . If it is for part of the group, check this box **G** and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15 __ __, 20 12 __, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
G calendar year 20 ____ or
G tax year beginning 7/01 __ __, 20 10 __, and ending 6/30 __ __, 20 11 __.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

For calendar year 2010 or other tax year beginning 7/01, 2010, and ending 6/30, 2011

2010

Department of the Treasury Internal Revenue Service

G See separate instructions.

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

Header section containing checkboxes for address changes, organization details (HABITAT FOR HUMANITY SOUTH SARASOTA COUNTY, INC), and identification numbers.

Section C: Book value of all assets at end of year (4,658,461); Section F: Group exemption number (G 8545); Section G: Check organization type (G X 501(c) corporation).

Section H: Describe the organization's primary unrelated business activity (SALE OF PURCHASE MERCHANDISE FROM STORE); Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-sub subsidiary controlled group? (G No).

Section J: The books are in care of G JUDITH H. WILCOX; Telephone number G 941-493-6606

Table with 5 columns: Part I, Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include gross receipts, cost of goods sold, gross profit, and total income of 17,993.

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

Table with 5 columns: Line number, Description, Column 1, Column 2, Column 3. Rows include compensation of officers, salaries, repairs, depreciation, and total deductions of 47,409, resulting in a net unrelated business taxable income of -29,416.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. <input type="checkbox"/> G <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 G 35c 0.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) G 36	
37 Proxy tax. See instructions G 37	
38 Alternative minimum tax. 38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.	

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
b Other credits (see instructions) 40b	
c General business credit. Attach Form 3800 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
e Total credits. Add lines 40a through 40d 40e 0.	
41 Subtract line 40e from line 39 41 0.	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42	
43 Total tax. Add lines 41 and 42 43 0.	
44 a Payments: A 2009 overpayment credited to 2010 44a	
b 2010 estimated tax payments 44b	
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e Backup withholding (see instructions) 44e	
f Credit for small employer health insurance premiums (Attach Form 8941) 44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total... G 44g	
45 Total payments. Add lines 44a through 44g 45 0.	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached G <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed G 47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid G 48	
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax G _____ Refunded G 49 _____	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a	Yes	No
Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here G _____		X
2 If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year G \$ _____ 0.		

Schedule A Cost of Goods Sold. Enter method of inventory valuation **G** COST

1 Inventory at beginning of year 1 3,592.	6 Inventory at end of year 6 5,904.
2 Purchases 2 61,531.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 59,219.
3 Cost of labor 3	
4a Additional section 263A costs (attach schedule) 4a	
b Other costs (attach sch) 4b	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 8 Yes No X
5 Total. Add lines 1 through 4b 5 65,123.	

Sign Here	A _____ Date _____ A TREASURER Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Print/Type preparer's name JOHN F. DOWD	Preparer's signature JOHN F. DOWD	Date	Check <input type="checkbox"/> if self-employed PTIN P00545347
Paid Preparer Use Only	Firm's name G DOWD WHI TTAKER & ASSOCIATES CPAS PA		Firm's EIN 59-2845665	
	Firm's address G 1521 S. TAMIAMI TRAIL, SUITE 303 VENICE, FL 34285		Phone no. (941) 493-5299	

Schedule C ' Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		2 Rent received or accrued	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B). G

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) G

Schedule E ' Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals G		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 G				

Schedule F ' Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G ' Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals G	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I ' Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals G	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J ' Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))..... G						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) G						

Schedule K ' Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on page 1, Part II, line 14. G

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

G File a separate application for each return.

? If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **G**

? If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a

electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension ' check this box and complete Part I only **G**

income tax returns.

Type or print	Name of exempt organization HABITAT FOR HUMANITY SOUTH SARASOTA COUNTY, INC	Employer identification number 65-0326534
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 280 ALLIGATOR DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VENICE, FL 34293-5702	

Enter the Return code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

? The books are in the care of G JUDITH H. WILCOX _____

Telephone No. G 941-493-6606 _____ FAX No. G _____

? If the organization does not have an office or place of business in the United States, check this box **G**

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box **G**. If it is for part of the group, check this box **G** and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15 ____, 20 12 __, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

G calendar year 20 ____ or
 G tax year beginning 7/01 ____, 20 10 __, and ending 6/30 ____, 20 11 __.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

STATEMENT 1
FORM 990-T, PART II, LINE 28
OTHER DEDUCTIONS

ADVERTISING.....	\$	908.
BANK FEES.....		1,337.
CONTRACT LABOR.....		539.
EQUIPMENT RENTAL.....		116.
INSURANCE.....		93.
MISCELLANEOUS.....		179.
OFFICE SUPPLIES.....		615.
PRINTING.....		81.
PROFESSIONAL FEES.....		251.
UTILITIES.....		3,767.
VEHICLE EXPENSE.....		1,526.
TOTAL	\$	<u>9,412.</u>

STATEMENT 2
FORM 990-T, PART II, LINE 31
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/08	\$ 29,902.	\$ 0.	\$ 29,902.
6/30/09			<u>59,244.</u>
NET OPERATING LOSS AVAILABLE.....			\$ 89,146.
TAXABLE INCOME.....			\$ -29,416.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			<u>\$ 0.</u>