CLIENT'S COPY

LARSONALLEN LLP
4099 TAMIAMI TRAIL N., STE. 300
NAPLES, FL 34103

HABITAT FOR HUMANITY OF COLLIER
COUNTY, INC.
11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

ENCLOSED IS THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

THE FLORIDA STATUTE REQUIRES AN ANNUAL FILING OF THE CHARTIABLE SOLICITATION FORM. IF YOU REQUIRE ASSITANCE IN THE PREPARATION OF THIS FORM PLEASE CONTACT OUR OFFICE.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

LARSONALLEN LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2011

Prepared for	HABITAT FOR HUMANITY OF COLLIER COUNTY, INC. 11145 TAMIAMI TRAIL EAST NAPLES, FL 34113
Prepared by	LARSONALLEN LLP 4099 TAMIAMI TRAIL N., STE. 300 NAPLES, FL 34103
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. THE FLORIDA STATUTE REQUIRES AN ANNUAL FILING OF THE CHARTIABLE SOLICITATION FORM. IF YOU REQUIRE ASSITANCE IN THE PREPARATION OF THIS FORM PLEASE CONTACT OUR OFFICE.

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

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **2010** **Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite: 11145 TAMIAMI TRAIL EAST

City or town, state or country, and ZIP + 4: NAPLES, FL 34113

D Employer identification number 59-1834379

E Telephone number 239-775-0036

G Gross receipts $ 14,664,189.

F Name and address of principal officer: SAM DURSO, M.D. 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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HABITATCOLLIER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1978 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LOW-COST HOUSING TO QUALIFIED DISADVANTAGED FAMILIES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	40
6	Total number of volunteers (estimate if necessary)	6	1200
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,036,806.	6,276,757.
	9	Program service revenue (Part VIII, line 2g)	12,336,371.	12,252,250.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202,894.	8,618.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,675,791.	-3,874,407.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,900,280.	14,663,218.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,443,366.	1,604,073.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 374,219.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,264,047.	11,563,560.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,707,413.	13,167,633.
	19	Revenue less expenses. Subtract line 18 from line 12	1,192,867.	1,495,585.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	65,220,146.	65,567,040.
	21	Total liabilities (Part X, line 26)	4,614,812.	5,940,530.
	22	Net assets or fund balances. Subtract line 21 from line 20	60,605,334.	59,626,510.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ SAM DURSO, M.D., PRESIDENT / CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMELIA COOPER CPA	AMELIA COOPER CPA	11/29/11		

Firm's name ▶ LARSONALLEN LLP — Firm's EIN ▶

Firm's address ▶ 4099 TAMIAMI TRAIL N., STE. 300 NAPLES, FL 34103 — Phone no. 239-262-8686

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:
TO PROVIDE LOW-COST HOUSING TO QUALIFIED DISADVANTAGED FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 12156814. including grants of $) (Revenue $ 7,930,053.)
PROVIDE HOUSING FOR ECONOMICALLY DISADVANTAGED FAMILIES. OVER 1,000 APPLICATIONS A YEAR AND PROVIDING HOMES FOR 125 QUALIFIED APPLICANTS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ 12,156,814.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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*	4		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*	5		
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*	6		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*	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	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*	11b		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*	11c		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*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	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*	12a	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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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*	17		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*	18		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*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		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)	20b		

Form **990** (2010)

032003
12-21-10

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*	21		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*	22		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*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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*	25a		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*	25b		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*	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		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* ☐ **Yes** ☒ **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*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		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	38	X	

Form **990** (2010)

032004
12-21-10

09231129 135925 63542 2010.05020 HABITAT FOR HUMANITY OF COL 63542__1

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	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for 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?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
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?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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 .... [X]

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 1a 27			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		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?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," 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?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

URI ORMSBY - 239-775-0036
11145 TAMIAMI TRAIL EAST, NAPLES, FL 34113

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
SAM DURSO, M.D. PRESIDENT / CEO	40.00	X		X				0.	0.	0.
STANARD SWIHART, M.D. EXECUTIVE VP OF FAMILY SER	10.00	X		X				0.	0.	0.
JOHN CUNNINGHAM TREASURER	10.00	X						0.	0.	0.
L. MICHAEL MUELLER SECRETARY	10.00	X						0.	0.	0.
MARK GOEBEL EXECUTIVE VICE PRESIDENT	10.00	X						0.	0.	0.
DOUGLAS L. RANKIN, ESQ. ASSISTANT SECRETARY	10.00	X						0.	0.	0.
W. WALLACE ABBOTT DIRECTOR	5.00	X						0.	0.	0.
PENNY ALLYN DIRECTOR	5.00	X						0.	0.	0.
RICK BOBROW DIRECTOR	5.00	X						0.	0.	0.
RICK DEAL DIRECTOR	5.00	X						0.	0.	0.
J. DOUGLAS BURKE DIRECTOR	5.00	X						0.	0.	0.
ROGER C. FLINN DIRECTOR	5.00	X						0.	0.	0.
GENE F. FREY DIRECTOR	5.00	X						0.	0.	0.
ROBERT N. GURNITZ DIRECTOR	5.00	X						0.	0.	0.
BILL HALL DIRECTOR	5.00	X						0.	0.	0.
WILLIAM E. HOGLUND DIRECTOR	5.00	X						0.	0.	0.
CRAIG JILK DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
PATRICIA A. JILK DIRECTOR	5.00	X						0.	0.	0.
C. JOHN MILLER DIRECTOR	5.00	X						0.	0.	0.
JOHN K. PAALMAN DIRECTOR	5.00	X						0.	0.	0.
DAVID R. PASH ESQ DIRECTOR	5.00	X						0.	0.	0.
BARBARA SILL DIRECTOR	5.00	X						0.	0.	0.
ALEXANDER L. SPIER DIRECTOR	5.00	X						0.	0.	0.
GEORGE E. WAINSCOTT DIRECTOR	5.00	X						0.	0.	0.
DOUG PETERSON DIRECTOR	15.00	X						0.	0.	0.
KARL WYSS DIRECTOR	5.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 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
BONNESS INC PO BOX 9140, NAPLES, FL 34104	INFRASTRUCTURE	850,166.
BIGGERSTAFF ELECTRIC, 1121 GRETCHEN AVE. S. #A, LEHIGH ACRES, FL 33973	ELECTRIC	328,059.
FRANCO'S COOLING AND HEATING CORP 410 17TH STREET NW, NAPLES, FL 34113	HVAC	309,112.
DAUDERT PLUMBING 2181 51ST TERRACE SW, NAPLES, FL 34116	PLUMBING	302,815.
FORD'S PLUMBING OF NAPLES, INC 459 LANDMARK STREET, MARCO ISLAND, FL 34145	PLUMBING	108,650.

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 ▶ 7

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
BILL STEPHENSON DIRECTOR	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1a				
b	Membership dues	1b				
c	Fundraising events	1c				
d	Related organizations	1d				
e	Government grants (contributions)	1e				
f	All other contributions, gifts, grants, and similar amounts not included above	1f 6276757.				
g	Noncash contributions included in lines 1a-1f: $ 890,264.					
h	**Total.** Add lines 1a-1f ▶		6276757.			
Program Service Revenue		Business Code				
2 a	SALE OF COMPLETED HOUS	230000	11,205,000.	11,205,000.		
b	GAIN ON SALE OF MORTGA	900099	1037250.	1037250.		
c	COLLECTIONS ON SECOND	900099	10,000.	10,000.		
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f ▶		12,252,250.			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) ▶		2,089.			2,089.
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					

		(i) Real	(ii) Personal
6 a	Gross Rents		
b	Less: rental expenses		
c	Rental income or (loss)		

			(A)	(B)	(C)	(D)
6 d	Net rental income or (loss) ▶					

		(i) Securities	(ii) Other
7 a	Gross amount from sales of assets other than inventory		7,500.
b	Less: cost or other basis and sales expenses		971.
c	Gain or (loss)		6,529.

			(A)	(B)	(C)	(D)
7 d	Net gain or (loss) ▶		6,529.	6,529.		
8 a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
b	Less: direct expenses	b				
c	Net income or (loss) from fundraising events ▶					
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 ▶					
10 a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
11 a	AMORTIZATION OF MORTGA	900099	2397551.	2397551.		
b	THRIFT STORE	453310	454,319.			454,319.
c	OTHER REVENUE	900099	341,786.	341,786.		
d	All other revenue	900099	-7,068,063.	-7,068,063.		
e	**Total.** Add lines 11a-11d ▶		-3,874,407.			
12	**Total revenue.** See instructions. ▶		14,663,218.	7930053.	0.	456,408.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,604,073.	1,177,477.	241,170.	185,426.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	44,803.			44,803.
13 Office expenses	266,935.	161,428.	40,357.	65,150.
14 Information technology				
15 Royalties				
16 Occupancy	58,891.	32,390.	14,134.	12,367.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	239,723.		239,723.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,389.	44,284.	28,836.	9,269.
23 Insurance	60,359.	38,186.	21,557.	616.
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 CONSTRUCTION COSTS	10,320,108.	10,320,108.		
b HABITAT INTERNATIONAL	200,000.	200,000.		
c TAXES, REAL ESTATE	64,272.	51,418.	6,427.	6,427.
d PRINTING AND POSTAGE	59,001.	11,899.	1,322.	45,780.
e AUTO	55,863.	50,277.	5,586.	
f All other expenses	111,216.	69,347.	37,488.	4,381.
25 **Total functional expenses.** Add lines 1 through 24f	13,167,633.	12,156,814.	636,600.	374,219.
26 **Joint costs.** Check here ▶ ☐ 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	3,333,063.	1	2,479,755.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	28,149,174.	7	30,820,281.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 29,064,131.			
	b	Less: accumulated depreciation — 10b: 765,336.	28,714,847.	10c	28,298,795.
	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	5,023,062.	15	3,968,209.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	65,220,146.	16	65,567,040.
Liabilities	17	Accounts payable and accrued expenses	629,770.	17	229,929.
	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	3,152,157.	23	5,049,845.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	832,885.	25	660,756.
	26	**Total liabilities.** Add lines 17 through 25	4,614,812.	26	5,940,530.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	60,605,334.	27	59,626,510.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	60,605,334.	33	59,626,510.
	34	Total liabilities and net assets/fund balances	65,220,146.	34	65,567,040.

Form **990** (2010)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,663,218.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,167,633.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,495,585.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,605,334.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,474,409.
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	59,626,510.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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: [X] Separate basis [ ] Consolidated basis [ ] 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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Employer identification number 59-1834379

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: ______
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box 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 ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, 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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(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 col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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) ▶	(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** ▶ ☐

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 line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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 the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	8,373,125.	7,135,369.	7,307,600.	5,036,806.	6,276,757.	34,129,657.
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	17,291,892.	22,419,504.	19,535,229.	12,336,371.	12,252,250.	83,835,246.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	25,665,017.	29,554,873.	26,842,829.	17,373,177.	18,529,007.	117,964,903.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	229,167.	504,774.	615,857.	373,869.	391,838.	2,115,505.
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.
c Add lines 7a and 7b	229,167.	504,774.	615,857.	373,869.	391,838.	2,115,505.
8 **Public support** (Subtract line 7c from line 6.)						115,849,398.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	25,665,017.	29,554,873.	26,842,829.	17,373,177.	18,529,007.	117,964,903.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,730.	86,434.	137,377.	66,143.	2,089.	472,773.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	180,730.	86,434.	137,377.	66,143.	2,089.	472,773.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,500,632.	2,426,460.	3,482,787.	3,504,993.	-3,867,868.	7,047,004.
13 **Total support** (Add lines 9, 10c, 11, and 12.)	27,346,379.	32,067,767.	30,462,993.	20,944,313.	14,663,228.	125,484,680.

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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	92.32 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	88.79 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	.38 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	.42 %

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 ▶ ☒

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 ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Employer identification number: 59-1834379

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☒ Protection of natural habitat
- ☒ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	3
b	Total acreage restricted by conservation easements	2b	214.00
c	Number of conservation easements on a certified historic structure included in (a)	2c	0
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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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 ▶ 10

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 0.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in 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 the 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 ▶ ______%

b Permanent endowment ▶ ______%

c Term endowment ▶ ______%

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		24,425,496.		24,425,496.
b Buildings		2,406,755.	405,597.	2,001,158.
c Leasehold improvements				
d Equipment				
e Other		2,231,880.	359,739.	1,872,141.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				28,298,795.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(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. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PREPAID INSURANCE	81,567.
(2) HOUSES UNDER CONSTRUCTION	3,189,831.
(3) COMPLETED HOUSES	695,811.
(4) DEPOSITS	1,000.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	3,968,209.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED CONSTRUCTION COSTS	73,730.
(3) DEPOSITS ON HOUSES	14,500.
(4) ESCROW DEPOSITS FROM HOMEOWNERS	548,266.
(5) DUE TO HOMEOWNER ASSOCIATIONS	24,260.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	660,756.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the 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)	1	14,663,218.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,167,633.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,495,585.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,474,409.
9	Total adjustments (net). Add lines 4 through 8	9	-2,474,409.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-978,824.

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	12,552,334.
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	-2,110,884.		
e	Add lines **2a** through **2d**			2e	-2,110,884.
3	Subtract line **2e** from line **1**			3	14,663,218.
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	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	14,663,218.

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

1	Total expenses and losses per audited financial statements			1	13,531,156.
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	363,523.		
e	Add lines **2a** through **2d**			2e	363,523.
3	Subtract line **2e** from line **1**			3	13,167,633.
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	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	13,167,633.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9: LISTED UNDER MITIGATION

PART X, LINE 2: THE ORGANIZATION FOLLOWS THE POLICY THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE POLICY PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE ORGANIZATION DETERMINED IT HAS NO

Part XIV Supplemental Information *(continued)*

UNCERTAIN TAX POSITIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

THRIFT SHOP EXPENSES

LOSS ON ASSET IMPAIRMENT

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

THRIFT SHOP EXPENSES

OTHER REVENUE NOT INCLUDED IN REVENUES CONSISTS OF THRIFT SHOP EXPENSES AND LOSS ON IMPAIRMENT OF LAND CONTRIBUTED TO THE ORGANIZATION IN A PY.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open To Public Inspection

Name of the organization: HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Employer identification number: 59-1834379

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
EUGENE FREY	DIRECTOR	0.	HABITAT FOR		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: EUGENE FREY

(D) DESCRIPTION OF TRANSACTION: HABITAT FOR HUMANITY HAS A BANK ACCOUNT AT THE BANK OF NAPLES IN WHICH EUGENE FREY IS A ALSO A DIRECTOR.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Employer identification number 59-1834379

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	X		1,000.	THRIFT SHOP VALUE
5	Clothing and household goods	X		816,842.	THRIFT SHOP VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	33	775,978.	NYSE STOCK PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MATERIALS FOR)	X	1	114,286.	COST OF MATERIALS
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

			Yes	No
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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization 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 M, LINE 32B: AUCTION HOUSES ARE HIRED TO SELL LARGE PIECES OF FURNITURE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Employer identification number 59-1834379

FORM 990, PART VI, SECTION A, LINE 2: CRAIG JILK, PATRICIA JILK AND DAVID PASH - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT OF THE FORM 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: ONGOING TRANSACTIONS ARE MONITORED AND RESEARCHED BY H.R. OR UPPER LEVEL MANAGEMENT. ALL PARTICIPANTS (BOARD MEMBERS, STAFF, VOLUNTEERS) ARE COVERED BY THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15: DETERMINED BY MANAGEMENT

FORM 990, PART VI, SECTION C, LINE 19: ANNUAL FINANCIAL STATEMENTS ARE SENT OUT IN NEWSLETTER, EVERYTHING ELSE IS AVAILABE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LOSS ON ASSET IMPAIRMENT -2,474,409.

990 PART XI LINE 2C

AUDIT OVERSIGHT

THE PROCESS TO OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990 PART VI LINE 12C

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

Name of the organization HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Employer identification number 59-1834379

ONGOING TRANSACTIONS ARE MONITORED AND RESEARCHED BY H.R. OR UPPER LEVEL MANAGEMENT. ALL PARTICIPANTS (BOARD MEMBERS, STAFF, VOLUNTEERS) ARE COVERED BY THIS POLICY.

FORM 990 PART VI LINE 15A & 15B

INDENPENDENT REVIEW OF OFFICER AND EMPLOYEE COMPENSATION

ALL COMPENSATION ADJUSTMENTS ARE DETERMINED AND REVIEWED YEARLY BY THE EXECUTIVE COMPENSATION COMMITTEE.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Employer identification number 59-1834379

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
HABITAT FOR HUMANITY INTERNATIONAL - 91-1914868, 121 HABITAT ST., AMERICUS, GA 31709	BUILDING HOMES	GEORGIA	501(C)(3)	LINE 7	YES		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	**1a**		X
b	Gift, grant, or capital contribution to other organization(s)	**1b**	X	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	X	
d	Loans or loan guarantees to or for other organization(s)	**1d**	X	
e	Loans or loan guarantees by other organization(s)	**1e**		X
f	Sale of assets to other organization(s)	**1f**		X
g	Purchase of assets from other organization(s)	**1g**		X
h	Exchange of assets	**1h**		X
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		X
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		X
n	Sharing of paid employees	**1n**		X
o	Reimbursement paid to other organization for expenses	**1o**		X
p	Reimbursement paid by other organization for expenses	**1p**		X
q	Other transfer of cash or property to other organization(s)	**1q**		X
r	Other transfer of cash or property from other organization(s)	**1r**		X

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

	(a) Name of other organization	**(b)** Transaction type (a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)	HABITAT FOR HUMANITY INTERNATIONAL	B	200,000.	
(2)	HABITAT FOR HUMANITY INTERNATIONAL	C	1,385,063.	
(3)	HABITAT FOR HUMANITY INTERNATIONAL	D	1,521,737.	
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	97 FORD TRUCK	01/31/97	SL	5.00	HY	16	17,182.				17,182.	17,182.		0.	17,182.
2	1999 F250 FORD	01/26/99	SL	5.00	HY	16	20,534.				20,534.	20,534.		0.	20,534.
3	FIRE PROOF FILING CABNET	11/21/00	SL	7.00	HY	16	879.				879.	879.		0.	879.
4	RISOGRAPH	02/07/01	SL	7.00	HY	16	16,175.				16,175.	16,175.		0.	16,175.
5	2000 FORD EXPLORER	02/09/00	SL	5.00	HY	16	23,195.				23,195.	23,195.		0.	23,195.
6	1992 FORD PICK UP	10/24/01	SL	5.00	HY	16	4,500.				4,500.	4,500.		0.	4,500.
7	HABITAT CENTER	09/30/92	SL	30.00	HY	16	86,934.				86,934.	52,891.		2,898.	55,789.
8	HABITAT CENTER	06/30/98	SL	15.00	HY	16	16,593.				16,593.	13,650.		1,106.	14,756.
9	LAND OF NAPLES OFFICE	04/30/01	SL	.000	HY	16	184,026.				184,026.			0.	
10	BUILDING NAPLES	02/01/04	SL	40.00	HY	16	908,992.				908,992.	142,652.		22,725.	165,377.
11	CONSTRUCTION TRUCK	02/13/04	SL	5.00	HY	16	30,906.				30,906.	30,906.		0.	30,906.
12	2003 CHEVY TRUCK	03/09/04	SL	10.00	HY	16	18,642.				18,642.	11,806.		1,864.	13,670.
13	LAND IMPROVEMENTS	00/00/00	SL	.000	HY	16	79,520.				79,520.			0.	
14	BASIK STORAGE	05/31/04	SL	5.00	HY	16	100,779.				100,779.	100,779.		0.	100,779.
15	MISCELLANEOUS	06/30/04	SL	15.00	HY	16	3,833.				3,833.	1,540.		256.	1,796.
16	(D)2005 FORD TRUCK	09/29/04	SL	5.00	HY	16	44,982.				44,982.	44,982.		0.	
17	DIGITAL DUPLES RISOGRAPH	03/04/05	SL	7.00	HY	16	12,955.				12,955.	9,871.		1,851.	11,722.
18	(D)DELL LAPTOP COMPUTER	08/26/04	SL	5.00	HY	16	1,676.				1,676.	1,676.		0.	

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05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	2006 GMC YUKON	11/03/05	SL	5.00	HY	16	30,638.				30,638.	28,596.		2,042.	30,638.
20	2006 GMC YUKON	11/30/05	SL	5.00	HY	16	28,487.				28,487.	26,587.		1,900.	28,487.
21	(D)LAPTOP COMPUTER	11/12/05	SL	5.00	HY	16	1,660.				1,660.	1,549.		111.	
22	COMPUTER EQUIPMENT	11/22/05	SL	5.00	HY	16	4,618.				4,618.	4,311.		307.	4,618.
23	(D)DELL DIMENSION	05/26/06	SL	5.00	HY	16	1,676.				1,676.	1,396.		280.	
24	(D)DELL COMPUTER	05/22/06	SL	5.00	HY	16	1,297.				1,297.	1,080.		217.	
25	(D)TOSHIBA COMPUTER	03/31/06	SL	5.00	HY	16	1,420.				1,420.	1,231.		189.	
26	DELL COMPUTER	07/28/06	SL	5.00	HY	16	2,550.				2,550.	2,040.		510.	2,550.
27	PROJECTOR	10/17/06	SL	5.00	HY	16	1,295.				1,295.	971.		259.	1,230.
28	PROJECTOR	11/07/06	SL	5.00	HY	16	1,295.				1,295.	950.		259.	1,209.
29	DELL COMPUTER	11/27/06	SL	5.00	HY	16	2,855.				2,855.	2,094.		571.	2,665.
30	DELL COMPUTER	01/05/07	SL	5.00	HY	16	3,281.				3,281.	2,296.		656.	2,952.
31	DELL COMPUTER	02/08/07	SL	5.00	HY	16	1,859.				1,859.	1,271.		372.	1,643.
32	OFFICE DESKS	02/09/07	SL	10.00	HY	16	1,163.				1,163.	397.		116.	513.
33	DELL COMPUTER	03/29/07	SL	5.00	HY	16	1,245.				1,245.	830.		249.	1,079.
34	APPLE COMPUTER	05/10/07	SL	5.00	HY	16	2,514.				2,514.	1,593.		503.	2,096.
35	LAND - STORE	11/27/07	SL	.000	HY	16	1,500,000.				1,500,000.			0.	
36	BUILDING - STORE	11/27/07	SL	30.00	HY	16	1,305,347.				1,305,347.	116,032.		43,512.	159,544.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	RMS STORE OPERATIONS	11/15/07	SL	5.00	HY	16	1,190.				1,190.	635.		238.	873.
38	RMS STORE OPERATIONS	11/15/07	SL	5.00	HY	16	1,190.				1,190.	635.		238.	873.
39	DELL OPTIPLEX MACHINE	11/28/07	SL	5.00	HY	16	1,098.				1,098.	586.		220.	806.
40	DELL 3 DESTOP COMPUTERS	02/27/08	SL	5.00	HY	16	2,396.				2,396.	1,158.		479.	1,637.
41	DEVOE 2007 GMC TRUCK	11/06/07	SL	5.00	HY	16	13,242.				13,242.	7,062.		2,648.	9,710.
42	DEVOE 2008 GMC YUKON	02/15/08	SL	5.00	HY	16	32,800.				32,800.	15,853.		6,560.	22,413.
43	(D)SAM DURSO 1999 MERCEDES	06/30/08	SL	3.00	HY	16	5,000.				5,000.	3,473.		556.	
44	FIREKING FILE	06/05/08	SL	5.00	HY	16	2,338.				2,338.	975.		468.	1,443.
45	PHEONIX - FIRE SAFE FILE	04/01/09	SL	7.00	HY	16	1,550.				1,550.	276.		221.	497.
46	5250 FLORIDAN HOUSE	06/30/09	SL	30.00	HY	16	55,625.				55,625.	1,854.		1,854.	3,708.
47	5250 FLORIDAN LAND	06/30/09	L		HY		40,000.				40,000.			0.	
48	LAND AND LAND IMPROVEMENTS		L		HY		20510046.				20510046.			0.	
49	GMC ACADIA 2011	10/18/10	SL	5.00	HY	16	32,345.				32,345.			4,313.	4,313.
50	CHEVROLET EXPRESS	04/01/11	SL	5.00	HY	16	12,672.				12,672.			634.	634.
51	BUILDING ADDITION - NAPLES	09/07/10	SL	40.00	HY	16	29,432.				29,432.			613.	613.
	* TOTAL 990 PAGE 10 DEPR						25206427.				25206427.	718,949.		101,795.	764,004.

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05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868** (Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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 corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the 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 ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print — File by the due date for filing your return. See instructions.

Name of exempt organization: HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Employer identification number: 59-1834379

Number, street, and room or suite no. If a P.O. box, see instructions.: 11145 TAMIAMI TRAIL EAST

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: NAPLES, FL 34113

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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 (sec. 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 ▶ URI ORMSBY 11145 TAMIAMI TRAIL EAST - NAPLES, FL 34113

  Telephone No. ▶ 239-775-0036 FAX No. ▶ 239-775-0477
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- 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 ▶ [ ]. If it is for part of the group, check this box ▶ [ ] 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 FEBRUARY 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or

▶ [X] tax year beginning JUL 1, 2010 , and ending JUN 30, 2011 .

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.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning JUL 1 , 2010, and ending JUN 30 , 20 11

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2010

Name of exempt organization	Employer identification number
HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.	59-1834379

Name and title of officer

SAM DURSO, M.D.
PRESIDENT / CEO

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

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

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	14663218
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize LARSONALLEN LLP (ERO firm name) to enter my PIN 63542 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ ______________

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. 65243134103 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______________________ Date ▶ 11/29/11

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

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	97 FORD TRUCK	013197	SL	5.00	16	17,182.			17,182.	17,182.		0.
2	1999 F250 FORD	012699	SL	5.00	16	20,534.			20,534.	20,534.		0.
3	FIRE PROOF FILING CABNET	112100	SL	7.00	16	879.			879.	879.		0.
4	RISOGRAPH	020701	SL	7.00	16	16,175.			16,175.	16,175.		0.
5	2000 FORD EXPLORER	020900	SL	5.00	16	23,195.			23,195.	23,195.		0.
6	1992 FORD PICK UP	102401	SL	5.00	16	4,500.			4,500.	4,500.		0.
7	HABITAT CENTER	093092	SL	30.00	16	86,934.			86,934.	52,891.		2,898.
8	HABITAT CENTER	063098	SL	15.00	16	16,593.			16,593.	13,650.		1,106.
9	LAND OF NAPLES OFFICE	043001	SL	.000	16	184,026.			184,026.			0.
10	BUILDING NAPLES	020104	SL	40.00	16	908,992.			908,992.	142,652.		22,725.
11	CONSTRUCTION TRUCK	021304	SL	5.00	16	30,906.			30,906.	30,906.		0.
12	2003 CHEVY TRUCK	030904	SL	10.00	16	18,642.			18,642.	11,806.		1,864.
13	LAND IMPROVEMENTS	000000	SL	.000	16	79,520.			79,520.			0.
14	BASIK STORAGE	053104	SL	5.00	16	100,779.			100,779.	100,779.		0.
15	MISCELLANEOUS	063004	SL	15.00	16	3,833.			3,833.	1,540.		256.
16	(D)2005 FORD TRUCK	092904	SL	5.00	16	44,982.			44,982.	44,982.		0.
17	DIGITAL DUPLES RISOGRAPH	030405	SL	7.00	16	12,955.			12,955.	9,871.		1,851.
18	(D)DELL LAPTOP COMPUTER	082604	SL	5.00	16	1,676.			1,676.	1,676.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	2006 GMC YUKON	110305	SL	5.00	16	30,638.			30,638.	28,596.		2,042.
20	2006 GMC YUKON	113005	SL	5.00	16	28,487.			28,487.	26,587.		1,900.
21	(D)LAPTOP COMPUTER	111205	SL	5.00	16	1,660.			1,660.	1,549.		111.
22	COMPUTER EQUIPMENT	112205	SL	5.00	16	4,618.			4,618.	4,311.		307.
23	(D)DELL DIMENSION	052606	SL	5.00	16	1,676.			1,676.	1,396.		280.
24	(D)DELL COMPUTER	052206	SL	5.00	16	1,297.			1,297.	1,080.		217.
25	(D)TOSHIBA COMPUTER	033106	SL	5.00	16	1,420.			1,420.	1,231.		189.
26	DELL COMPUTER	072806	SL	5.00	16	2,550.			2,550.	2,040.		510.
27	PROJECTOR	101706	SL	5.00	16	1,295.			1,295.	971.		259.
28	PROJECTOR	110706	SL	5.00	16	1,295.			1,295.	950.		259.
29	DELL COMPUTER	112706	SL	5.00	16	2,855.			2,855.	2,094.		571.
30	DELL COMPUTER	010507	SL	5.00	16	3,281.			3,281.	2,296.		656.
31	DELL COMPUTER	020807	SL	5.00	16	1,859.			1,859.	1,271.		372.
32	OFFICE DESKS	020907	SL	10.00	16	1,163.			1,163.	397.		116.
33	DELL COMPUTER	032907	SL	5.00	16	1,245.			1,245.	830.		249.
34	APPLE COMPUTER	051007	SL	5.00	16	2,514.			2,514.	1,593.		503.
35	LAND - STORE	112707	SL	.000	16	1,500,000.			1,500,000.			0.
36	BUILDING - STORE	112707	SL	30.00	16	1,305,347.			1,305,347.	116,032.		43,512.

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05-01-10

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	RMS STORE OPERATIONS	111507	SL	5.00	16	1,190.			1,190.	635.		238.
38	RMS STORE OPERATIONS	111507	SL	5.00	16	1,190.			1,190.	635.		238.
39	DELL OPTIPLEX MACHINE	112807	SL	5.00	16	1,098.			1,098.	586.		220.
40	DELL 3 DESTOP COMPUTERS	022708	SL	5.00	16	2,396.			2,396.	1,158.		479.
41	DEVOE 2007 GMC TRUCK	110607	SL	5.00	16	13,242.			13,242.	7,062.		2,648.
42	DEVOE 2008 GMC YUKON	021508	SL	5.00	16	32,800.			32,800.	15,853.		6,560.
43	(D)SAM DURSO 1999 MERCEDES	063008	SL	3.00	16	5,000.			5,000.	3,473.		556.
44	FIREKING FILE	060508	SL	5.00	16	2,338.			2,338.	975.		468.
45	PHEONIX - FIRE SAFE FILE	040109	SL	7.00	16	1,550.			1,550.	276.		221.
46	5250 FLORIDAN HOUSE	063009	SL	30.00	16	55,625.			55,625.	1,854.		1,854.
47	5250 FLORIDAN LAND	063009	L			40,000.			40,000.			0.
48	LAND AND LAND IMPROVEMENTS		L			20,510,046.			20,510,046.			0.
49	GMC ACADIA 2011	101810	SL	5.00	16	32,345.			32,345.			4,313.
50	CHEVROLET EXPRESS	040111	SL	5.00	16	12,672.			12,672.			634.
51	BUILDING ADDITION - NAPLES	090710	SL	40.00	16	29,432.			29,432.			613.
	* TOTAL 990 PAGE 10 DEPR					25,206,427.			25,206,427.	718,949.		101,795.

028102
05-01-10

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL - HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	97 FORD TRUCK	013197	SL	5.00	17,182.		17,182.	17,182.	0.
2	1999 F250 FORD	012699	SL	5.00	20,534.		20,534.	20,534.	0.
3	FIRE PROOF FILING CABNET	112100	SL	7.00	879.		879.	879.	0.
4	RISOGRAPH	020701	SL	7.00	16,175.		16,175.	16,175.	0.
5	2000 FORD EXPLORER	020900	SL	5.00	23,195.		23,195.	23,195.	0.
6	1992 FORD PICK UP	102401	SL	5.00	4,500.		4,500.	4,500.	0.
7	HABITAT CENTER	093092	SL	30.00	86,934.		86,934.	55,789.	2,898.
8	HABITAT CENTER	063098	SL	15.00	16,593.		16,593.	14,756.	1,106.
9	LAND OF NAPLES OFFICE	043001	SL	.000	184,026.		184,026.		0.
10	BUILDING NAPLES	020104	SL	40.00	908,992.		908,992.	165,377.	22,725.
11	CONSTRUCTION TRUCK	021304	SL	5.00	30,906.		30,906.	30,906.	0.
12	2003 CHEVY TRUCK	030904	SL	10.00	18,642.		18,642.	13,670.	1,864.
13	LAND IMPROVEMENTS	000000	SL	.000	79,520.		79,520.		0.
14	BASIK STORAGE	053104	SL	5.00	100,779.		100,779.	100,779.	0.
15	MISCELLANEOUS	063004	SL	15.00	3,833.		3,833.	1,796.	256.
17	DIGITAL DUPLES RISOGRAPH	030405	SL	7.00	12,955.		12,955.	11,722.	1,233.
19	2006 GMC YUKON	110305	SL	5.00	30,638.		30,638.	30,638.	0.
20	2006 GMC YUKON	113005	SL	5.00	28,487.		28,487.	28,487.	0.
22	COMPUTER EQUIPMENT	112205	SL	5.00	4,618.		4,618.	4,618.	0.
26	DELL COMPUTER	072806	SL	5.00	2,550.		2,550.	2,550.	0.
27	PROJECTOR	101706	SL	5.00	1,295.		1,295.	1,230.	65.
28	PROJECTOR	110706	SL	5.00	1,295.		1,295.	1,209.	86.
29	DELL COMPUTER	112706	SL	5.00	2,855.		2,855.	2,665.	190.
30	DELL COMPUTER	010507	SL	5.00	3,281.		3,281.	2,952.	329.
31	DELL COMPUTER	020807	SL	5.00	1,859.		1,859.	1,643.	216.
32	OFFICE DESKS	020907	SL	10.00	1,163.		1,163.	513.	116.
33	DELL COMPUTER	032907	SL	5.00	1,245.		1,245.	1,079.	166.
34	APPLE COMPUTER	051007	SL	5.00	2,514.		2,514.	2,096.	418.
35	LAND - STORE	112707	SL	.000	1,500,000.		1,500,000.		0.
36	BUILDING - STORE	112707	SL	30.00	1,305,347.		1,305,347.	159,544.	43,512.
37	RMS STORE OPERATIONS	111507	SL	5.00	1,190.		1,190.	873.	238.
38	RMS STORE OPERATIONS	111507	SL	5.00	1,190.		1,190.	873.	238.
39	DELL OPTIPLEX MACHINE	112807	SL	5.00	1,098.		1,098.	806.	220.
40	DELL 3 DESTOP COMPUTERS	022708	SL	5.00	2,396.		2,396.	1,637.	479.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - HABITAT FOR HUMANITY OF COLLIER COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
41	DEVOE 2007 GMC TRUCK	110607	SL	5.00	13,242.		13,242.	9,710.	2,648.
42	DEVOE 2008 GMC YUKON	021508	SL	5.00	32,800.		32,800.	22,413.	6,560.
44	FIREKING FILE	060508	SL	5.00	2,338.		2,338.	1,443.	468.
45	PHEONIX - FIRE SAFE FILE	040109	SL	7.00	1,550.		1,550.	497.	221.
46	5250 FLORIDAN HOUSE	063009	SL	30.00	55,625.		55,625.	3,708.	1,854.
47	5250 FLORIDAN LAND	063009	L		40,000.		40,000.		0.
48	LAND AND LAND IMPROVEMENTS		L		20,510,046.		20,510,046.		0.
49	GMC ACADIA 2011	101810	SL	5.00	32,345.		32,345.	4,313.	6,469.
50	CHEVROLET EXPRESS	040111	SL	5.00	12,672.		12,672.	634.	2,534.
51	BUILDING ADDITION - NAPLES	090710	SL	40.00	29,432.		29,432.	613.	736.
	* TOTAL 990 PAGE 10 DEPR				25,148,716.		25,148,716.	764,004.	97,845.

028103
05-01-10

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone