

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)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 7/01, **2012, and ending** 6/30, **2013**

B Check if applicable:	C	D Employer Identification Number
<input type="checkbox"/> Address change	HABITAT FOR HUMANITY OF GREATER NASHVILLE 2950 KRAFT DRIVE #100 NASHVILLE, TN 37204	58-1636286
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(615) 254-4663
<input type="checkbox"/> Terminated		G Gross receipts \$ 12,238,432.
<input type="checkbox"/> Amended return		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: DANNY HERRON SAME AS C ABOVE	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶ 8545
J Website: ▶ WWW.HABITATNASHVILLE.ORG		L Year of Formation: 1985 M State of legal domicile: TN
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>HABITAT FOR HUMANITY OF GREATER NASHVILLE IS AN ECUMENICAL CHRISTIAN MINISTRY THAT PROVIDES PEOPLE WITH THE LIFE CHANGING OPPORTUNITY TO PURCHASE AND OWN QUALITY, AFFORDABLE HOMES.</u>				
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3		47	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		46	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5		65	
	6 Total number of volunteers (estimate if necessary)	6		4,195	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)		4,891,068.	4,123,382.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,829,631.	6,196,423.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,767.	-14,802.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,613,430.	1,855,908.	
			13,316,362.	12,160,911.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		49,507.	82,986.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)				
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,094,133.	3,273,357.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			3,017.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,235,513.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,004,423.	7,996,547.	
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,148,063.	11,355,907.	
	19 Revenue less expenses. Subtract line 18 from line 12		1,168,299.	805,004.	
	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)		28,459,204.	34,849,644.	
		17,688,671.	22,137,818.		
22 Net assets or fund balances. Subtract line 21 from line 20		10,770,533.	12,711,826.		

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	
	DANNY HERRON Type or print name and title.	CEO & PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SARA G. MOON		
	Firm's name ▶ FRASIER, DEAN & HOWARD, PLLC		Check <input checked="" type="checkbox"/> if self-employed
	Firm's address ▶ 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203		PTIN P00034774
		Firm's EIN ▶ 62-1073578	Phone no. (615) 383-6592

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 [X]

1 Briefly describe the organization's mission:

HABITAT FOR HUMANITY OF GREATER NASHVILLE IS AN ECUMENICAL CHRISTIAN MINISTRY THAT PROVIDES PEOPLE WITH THE LIFE CHANGING OPPORTUNITY TO PURCHASE AND OWN QUALITY, AFFORDABLE HOMES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 9,559,027. including grants of \$ 82,986.) (Revenue \$ 6,204,890.)

SEE SCHEDULE O

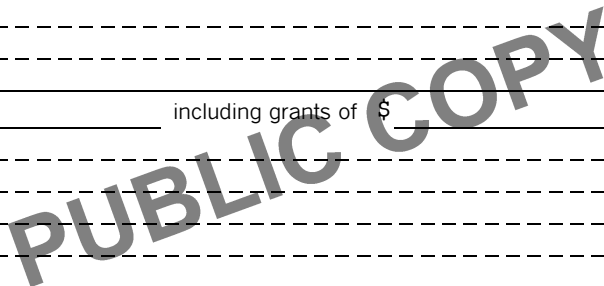
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 9,559,027.



Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		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? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2012)

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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 105		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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. 65		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 4		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 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.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 47 If there are material differences in voting rights among members SEE SCH. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 46		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ TN
- 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ JOHN ROBERTS, CFO 2950 KRAFT DRIVE SUITE 100 NASHVILLE TN 37204 (615) 942-1265

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

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

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

1 a 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN A. BENSON BOARD MEMBER	2 0	X					0.	0.	0.	
(2) CHRISTI EDWARDS BOARD MEMBER	2 0	X					0.	0.	0.	
(3) LEE DELONG BOARD MEMBER	2 0	X					0.	0.	0.	
(4) GRANT ELLIS BOARD MEMBER	2 0	X					0.	0.	0.	
(5) CYNTHIA BOND HOPSON BOARD MEMBER	2 0	X					0.	0.	0.	
(6) BOB BLACK BOARD MEMBER	2 0	X					0.	0.	0.	
(7) JACK FLEISCHER BOARD MEMBER	2 0	X					0.	0.	0.	
(8) BETH FORTUNE BOARD MEMBER	2 0	X					0.	0.	0.	
(9) PAUL KLEINE-KRACHT BOARD MEMBER	2 0	X					0.	0.	0.	
(10) SCOTT FIELDING BOARD MEMBER	2 0	X					0.	0.	0.	
(11) ROBIN GLOVER BOARD MEMBER	2 0	X					0.	0.	0.	
(12) LUCIA FOLK BOARD MEMBER	2 0	X					0.	0.	0.	
(13) CARLA JARRELL BOARD MEMBER	2 0	X					0.	0.	0.	
(14) PATRICK GILBERT BOARD MEMBER	2 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) KEN KULAGA BOARD MEMBER	2 0	X					0.	0.	0.
(16) KATHERINE MAYERS BOARD MEMBER	2 0	X					0.	0.	0.
(17) JIM MCCANN BOARD MEMBER	2 0	X					0.	0.	0.
(18) DAVID MANGUM BOARD MEMBER	2 0	X					0.	0.	0.
(19) ROBERT GRIMES BOARD MEMBER	2 0	X					0.	0.	0.
(20) JO ELLA MCCLELLAN BOARD MEMBER	2 0	X					0.	0.	0.
(21) GLENN MCGEHEE BOARD MEMBER	2 0	X					0.	0.	0.
(22) SCOTT MCCORMICK BOARD MEMBER	2 0	X					0.	0.	0.
(23) JOHNNY MELTON BOARD MEMBER	2 0	X					0.	0.	0.
(24) PAIGE MILLS BOARD MEMBER	2 0	X					0.	0.	0.
(25) PHILIP MCCUTCHAN BOARD MEMBER	2 0	X					0.	0.	0.
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							472,610.	0.	34,164.
d Total (add lines 1b and 1c)							472,610.	0.	34,164.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4									

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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		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? <i>If 'Yes' complete Schedule J for such individual.</i>	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? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DIVISION 2 CONSTRUCTORS 7856 MCCRORY LANE NASHVILLE, TN 37221	LAND DEVELOPMENT	411,239.
BENCHMARK PLUMBING 1525 W. COLLEGE ST. MURFREESBORO, TN 37129	PLUMBING INSTALL	253,847.
LATE NIGHT ELECTRIC 1092 DEER RUN ROAD MURFREESBORO, TN 37128	ELECTRICAL SUBCONTR	209,062.
STEVE BYARS CONCRETE P.O. BOX 424 SMYRNA, TN 37167	CONCRETE FDNS	460,086.
TN MECHANICAL CORP. 101 GENERAL FORREST CT. SMYRNA, TN 37167	HVAC	208,531.

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 **▶ 6**

Department of the Treasury
Internal Revenue Service

Name of the Organization HABITAT FOR HUMANITY OF GREATER	Employer Identification number 58-1636286
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Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAM PFEFFER	2									
BOARD MEMBER	0	X					0.	0.	0.	
MILTON PRICE	2									
BOARD MEMBER	0	X					0.	0.	0.	
MARIO RAMOS	2									
BOARD MEMBER	0	X					0.	0.	0.	
DAVID REUTER	2									
BOARD MEMBER	0	X					0.	0.	0.	
BENNIE HARRIS	2									
BOARD MEMBER	0	X					0.	0.	0.	
DAN HOGAN	2									
BOARD MEMBER	0	X					0.	0.	0.	
MARTHA SHEPARD	2									
BOARD MEMBER	0	X					0.	0.	0.	
GLENN SHOREY	2									
BOARD MEMBER	0	X					0.	0.	0.	
LUCY SMITH	2									
BOARD MEMBER	0	X					0.	0.	0.	
CHRIS RIPPY	2									
BOARD MEMBER	0	X					0.	0.	0.	
TRACY THOMAS	2									
BOARD MEMBER	0	X					0.	0.	0.	
STEVE SLEDGE	2									
BOARD MEMBER	0	X					0.	0.	0.	
KAREN SPRINGER	2									
BOARD MEMBER	0	X					0.	0.	0.	
MIKE WEIN	2									
BOARD MEMBER	0	X					0.	0.	0.	
WARD WILSON	2									
BOARD MEMBER	0	X					0.	0.	0.	
HOBBS YARBROUGH	2									
BOARD MEMBER	0	X					0.	0.	0.	
KEN GERDESMEIER	2									
PAST CHAIRMAN	0	X		X			0.	0.	0.	
DAVID MCGOWAN	2									
VICE CHAIR	0	X		X			0.	0.	0.	
LARRY MORTON	2									
TREASURER	0	X		X			0.	0.	0.	
DIANA MCAFEE	2									
SECRETARY	0	X		X			0.	0.	0.	
J. GIL FUQUA	2									
CHAIRMAN	0	X		X			0.	0.	0.	

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Department of the Treasury
Internal Revenue Service

Name of the Organization: **HABITAT FOR HUMANITY OF GREATER** Employer Identification number: **58-1636286**

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANNY HERRON CEO/PRESIDENT	40 0	X		X				141,828.	0.	11,170.
LEE BLANK BOARD MEMBER	2 0	X						0.	0.	0.
TOM CURL BOARD MEMBER	2 0	X						0.	0.	0.
CARLOS HAYES BOARD MEMBER	2 0	X						0.	0.	0.
JACK KING BOARD MEMBER	2 0	X						0.	0.	0.
AARON MURDOCK BOARD MEMBER	2 0	X						0.	0.	0.
ANNE ROLMAN BOARD MEMBER	2 0	X						0.	0.	0.
CARSON SALYER BOARD MEMBER	2 0	X						0.	0.	0.
CHARLES SPRINTZ BOARD MEMBER	2 0	X						0.	0.	0.
JENNIFER THURSBY BOARD MEMBER	2 0	X						0.	0.	0.
CHAD UPJOHN BOARD MEMBER	2 0	X						0.	0.	0.
JOHN ROBERTS CFO	40 0			X				113,472.	0.	9,296.
LUCILE HOUSEWORTH CAO	40 0			X				115,574.	0.	4,741.
RALPH KNAUSS COO	40 0			X				101,736.	0.	8,957.

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 197,410.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 310,564.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,615,408.				
	g Noncash contributions included in Ins 1a-1f: \$	441,926.				
	h Total. Add lines 1a-1f	▶ 4,123,382.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a HOME SALES	230000	4,116,887.	4,116,887.		
	b THDA DISCOUNTS	522220	1,419,710.	1,419,710.		
	c MORTGAGE DISCOUNTS	522220	577,270.	577,270.		
	d THDA SERVICING FEES	900099	32,604.	32,604.		
	e OTHER INCOME	900099	22,761.	22,761.		
	f All other program service revenue		27,191.	27,191.		
g Total. Add lines 2a-2f	▶ 6,196,423.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶ 2,810.			2,810.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	17,612.			
		c Gain or (loss)	-17,612.			
	d Net gain or (loss)	▶ -17,612.			-17,612.	
	8 a Gross income from fundraising events (not including \$ 197,410. of contributions reported on line 1c). See Part IV, line 18	a 140,138.				
		b Less: direct expenses	b 59,909.			
c Net income or (loss) from fundraising events		▶ 80,229.			80,229.	
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 1,775,679.					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶ 1,775,679.			1,775,679.	
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions	▶ 12,160,911.	6,196,423.	0.	1,841,106.		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	82,986.	82,986.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	499,021.	319,465.	40,784.	138,772.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,214,975.	1,417,990.	181,028.	615,957.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	347,294.	260,211.	21,857.	65,226.
10 Payroll taxes	212,067.	136,638.	17,120.	58,309.
11 Fees for services (non-employees):				
a Management				
b Legal	84,359.	52,526.	26,074.	5,759.
c Accounting	43,765.		43,765.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,017.			3,017.
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	59,477.	37,033.	18,383.	4,061.
12 Advertising and promotion	5,184.	4,656.		528.
13 Office expenses	204,483.	102,025.	12,127.	90,331.
14 Information technology	19,030.	6,429.	2,756.	9,845.
15 Royalties				
16 Occupancy	492,208.	420,993.	16,423.	54,792.
17 Travel	15,982.	9,223.	2,673.	4,086.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,398.	6,697.	15,183.	4,518.
20 Interest	346,770.	323,484.	21,249.	2,037.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	143,304.	103,071.	14,124.	26,109.
23 Insurance	90,743.	74,512.	4,001.	12,230.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION COSTS	3,536,071.	3,536,071.		
b MORTGAGE DISCOUNTS	1,812,339.	1,812,339.		
c RECONSTRUCTION COSTS	409,294.	409,294.		
d MISCELLANEOUS	139,279.	70,261.	24,087.	44,931.
e All other expenses	567,861.	373,123.	99,733.	95,005.
25 Total functional expenses. Add lines 1 through 24e	11,355,907.	9,559,027.	561,367.	1,235,513.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	68,836.	1	116,566.
	2 Savings and temporary cash investments	1,760,215.	2	2,948,756.
	3 Pledges and grants receivable, net	979,878.	3	777,343.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	20,043,622.	7	22,947,473.
	8 Inventories for sale or use	588,755.	8	675,668.
	9 Prepaid expenses and deferred charges	109,545.	9	85,435.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,191,280.		
	b Less: accumulated depreciation	10b 598,168.	359,305.	10c 593,112.
	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	1,431,254.
	14 Intangible assets		14	64,619.
	15 Other assets. See Part IV, line 11	4,549,048.	15	5,209,418.
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,459,204.	16	34,849,644.	
LIABILITIES	17 Accounts payable and accrued expenses	446,104.	17	466,492.
	18 Grants payable		18	
	19 Deferred revenue	5,178,338.	19	6,208,980.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	11,732,629.	23	15,020,478.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	331,600.	25	441,868.
	26 Total liabilities. Add lines 17 through 25	17,688,671.	26	22,137,818.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,958,954.	27	3,757,920.
	28 Temporarily restricted net assets	7,811,579.	28	8,953,906.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,770,533.	33	12,711,826.	
34 Total liabilities and net assets/fund balances	28,459,204.	34	34,849,644.	

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Form 990 (2012)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,160,911.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,355,907.
3	Revenue less expenses. Subtract line 2 from line 1	3	805,004.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,770,533.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9	1,136,289.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,711,826.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

BAA

Form 990 (2012)

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

2012

Open to Public Inspection

Name of the organization	HABITAT FOR HUMANITY OF GREATER NASHVILLE	Employer identification number	58-1636286
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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 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 – Non-functionally integrated
- 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 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?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	
- h Provide the following information about the supported organization(s).

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

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

(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	4,182,556.	5,662,318.	6,340,233.	4,891,068.	4,123,382.	25,199,557.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	4,182,556.	5,662,318.	6,340,233.	4,891,068.	4,123,382.	25,199,557.
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).						195,655.
6 Public support. Subtract line 5 from line 4.						25,003,902.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	4,182,556.	5,662,318.	6,340,233.	4,891,068.	4,123,382.	25,199,557.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,145.	2,198.	3,495.	3,063.	2,810.	17,711.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						25,217,268.
12 Gross receipts from related activities, etc (see instructions).					12	37,314,845.
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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	99.15 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	98.52 %
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2012. 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.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. 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.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2012.** 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 – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

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

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

2012

Name of the organization HABITAT FOR HUMANITY OF GREATER NASHVILLE	Employer identification number 58-1636286
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

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

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2012) **or 990-PF.**

Name of organization

Employer identification number

HABITAT FOR HUMANITY OF GREATER

58-1636286

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 87,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 622,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 133,827.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 310,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 87,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

HABITAT FOR HUMANITY OF GREATER

58-1636286

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 226,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 180,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

PUBLIC COPY

Name of organization

Employer identification number

HABITAT FOR HUMANITY OF GREATER

58-1636286

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

PUBLIC COPY

Name of organization: **HABITAT FOR HUMANITY OF GREATER** Employer identification number: **58-1636286**

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ **N/A**
 Use duplicate copies of Part III if additional space is needed.

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

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

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

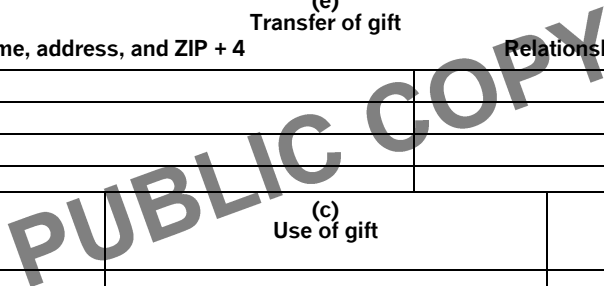
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

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

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

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



**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

HABITAT FOR HUMANITY OF GREATER NASHVILLE

58-1636286

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) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a 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 XIII, 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a 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 XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		242,230.	12,112.	230,118.
c Leasehold improvements		221,978.	118,091.	103,887.
d Equipment		604,355.	365,699.	238,656.
e Other		122,717.	102,266.	20,451.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 593,112.

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2) ARTWORK	3,000.
(3) CONSTRUCTION IN PROGRESS	731,337.
(4) DEPOSITS	31,537.
(5) LAND HELD FOR DEVELOPMENT	3,598,417.
(6) MEMBERSHIP	105,000.
(7) OTHER	861.
(8) REAL ESTATE HELD FOR SALE	739,266.
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) . . . ▶	5,209,418.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESCROW ACCOUNT	441,868.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	441,868.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		12,220,820.
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 XIII.) SEE PART XIII	2d	59,909.
	e Add lines 2a through 2d	2e	59,909.
3	Subtract line 2e from line 1	3	12,160,911.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,160,911.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		11,415,816.
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 XIII.) SEE PART XIII	2d	59,909.
	e Add lines 2a through 2d	2e	59,909.
3	Subtract line 2e from line 1	3	11,355,907.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,355,907.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

HABITAT IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE.

HABITAT FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A FINANCIAL

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. HABITAT HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE THE YEARS ENDED JUNE 30, 2010 THROUGH JUNE 30, 2013. HABITAT HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2013 OR 2012.

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2012

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

HABITAT FOR HUMANITY OF GREATER
NASHVILLE

58-1636286

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

SPECIAL EVENT EXPENSE.....	\$	59,909.
TOTAL	\$	<u>59,909.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SPECIAL EVENT EXPENSE.....	\$	59,909.
TOTAL	\$	<u>59,909.</u>

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization HABITAT FOR HUMANITY OF GREATER NASHVILLE

Employer identification number 58-1636286

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

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in column (i), (vi) Amount paid to (or retained by) organization. Includes a 'Total' row and a 'PUBLIC COPY' watermark.

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

Horizontal dashed lines for listing states.

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	DAVIDSON HOH (event type)	GOLF CHALLENGE (event type)	5 (total number)	(add column (a) through column (c))		
1	Gross receipts	136,035.	80,187.	121,326.	337,548.	
2	Less: Charitable contributions	136,035.		61,375.	197,410.	
3	Gross income (line 1 minus line 2)		80,187.	59,951.	140,138.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes		4,205.	4,205.	
	6	Rent/facility costs		5,104.	7,446.	12,550.
	7	Food and beverages	16,109.		9,240.	25,349.
	8	Entertainment				
	9	Other direct expenses	9,706.		8,099.	17,805.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				59,909.
	11	Net income summary. Combine line 3, column (d), and line 10				80,229.

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(add column (a) through column (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number

HABITAT FOR HUMANITY OF GREATER

58-1636286

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HABITAT FOR HUMANITY INTERNAT 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501 (C) (3)	82,986.	0.			HOUSING ASSISTANCE
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION DOES NOT MONITOR THE USE OF THE GRANT FUNDS SINCE THEY ARE GOING TO ANOTHER HABITAT FOR HUMANITY ORGANIZATION. THE ORGANIZATION DOES RECEIVE A STATEMENT FROM HABITAT FOR HUMANITY, INTERNATIONAL DESCRIBING THE NUMBER OF FAMILIES AIDED BY THIS SUPPORT.

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

HABITAT FOR HUMANITY OF GREATER

58-1636286

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III. **7** X

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

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

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

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 DANNY HERRON CEO/PRESIDENT	(i)	141,828.	0.	0.	4,233.	6,937.	152,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

Area containing horizontal dashed lines for supplemental information.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

Name of the organization **HABITAT FOR HUMANITY OF GREATER NASHVILLE** Employer identification number **58-1636286**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	1,800.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	5	29,274.	FMV
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 ▶ (BLDG_SUPPLIES)	X	1,419	410,852.	FMV
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

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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**

	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?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2012

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

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

THE ORGANIZATION USES A LOCAL AUCTION COMPANY TO SELL DONATED VEHICLES LESS COMMISSION AND EXPENSES.

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization **HABITAT FOR HUMANITY OF GREATER
NASHVILLE**

Employer identification number
58-1636286

FORM 990, PART XI, LINE 9

TRANSFER OF NET ASSETS FROM HABITAT FOR HUMANITY OF WILSON COUNTY:

HABITAT FOR HUMANITY OF GREATER NASHVILLE WAS PARTY TO A REORGANIZATION THAT
OCCURRED DURING 2012. THE FOLLOWING IS PROVIDED:

1) ON JULY 1, 2012, HABITAT FOR HUMANITY OF GREATER NASHVILLE (EIN - 58-1636286), AN
ORGANIZATION EXEMPT AS DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE
MERGED WITH HABITAT FOR HUMANITY OF WILSON COUNTY, INC. (EIN - 62-1506881), AN
ORGANIZATION ALSO DESCRIBED IN SECTION 501(C) (3). HABITAT FOR HUMANITY OF GREATER
NASHVILLE WAS THE SURVIVING CORPORATION UNDER TENNESSEE STATE LAW.

2) THE PURPOSE OF THE MERGER IS TO BETTER SERVE THE NEEDS OF THE COMMUNITY. THE
MERGER WILL NOT ALTER THE EXEMPT PURPOSES OF HABITAT FOR HUMANITY OF GREATER
NASHVILLE. THE ASSETS TRANSFERRED BY HABITAT FOR HUMANITY OF WILSON COUNTY, INC.
WILL BE PUT TO THE SAME CHARITABLE USE AS BEFORE THE TRANSFER.

3) THE MERGER DOCUMENT IS ATTACHED.

4) ASSETS TRANSFERRED TO HABITAT FOR HUMANITY OF GREATER NASHVILLE:

CASH \$ 338,194

ACCOUNTS RECEIVABLE \$ 29,232

REAL ESTATE HELD FOR SALE \$ 10,000

PROPERTY AND EQUIPMENT \$ 241,894

NON-INTEREST BEARING MORTGAGES, NET \$ 1,558,611

Name of the organization HABITAT FOR HUMANITY OF GREATER NASHVILLE	Employer identification number 58-1636286
--	--

OTHER ASSETS \$ 44,464

\$ 2,222,395

LIABILITIES ASSUMED BY NASHVILLE AREA HABITAT FOR HUMANITY, INC.:

ACCOUNTS PAYABLE \$ 8,769

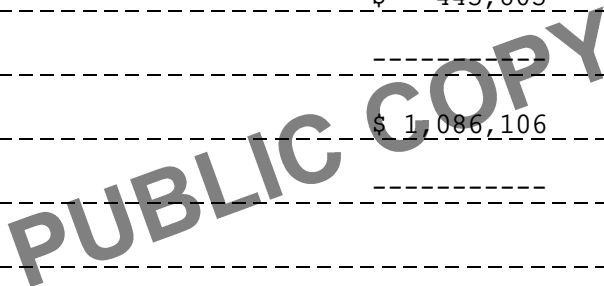
ACCRUED EXPENSES \$ 11,566

ESCROW ACCOUNTS \$ 104,323

UNEARNED REVENUE ON MORTGAGE LOANS \$ 517,645

NOTES PAYABLE \$ 443,803

\$ 1,086,106



NET ASSETS CONTRIBUTED BY WILSON COUNTY TO HABITAT:

UNRESTRICTED \$ 988,045

TEMPORARILY RESTRICTED \$ 148,244

\$ 1,136,289

FORM 990, PART III, LINE 2 - NEW SERVICES

NASHVILLE AREA HABITAT FOR HUMANITY AND WILSON COUNTY HABITAT RECOGNIZED THE LONG
 TERMS BENEFITS IN MERGING THE (2) ORGANIZATIONS AND AS A RESULT BEGAN CONCEPTUAL
 DISCUSSIONS IN EARLY 2011. A CONCEPTUAL BUSINESS PLAN WAS PRESENTED TO EACH AGENCY'S

Name of the organization HABITAT FOR HUMANITY OF GREATER NASHVILLE	Employer identification number 58-1636286
--	--

FORM 990, PART III, LINE 2 - NEW SERVICES

BOARD OF DIRECTORS AND WAS APPROVED AFTER ALL THE APPROPRIATE DUE DILIGENCE WORK WERE COMPLETE. THE MAIN STRATEGIC OBJECTIVE OF THE MERGER IS THAT THE SHARED SERVICES THAT NASHVILLE HABITAT CAN PROVIDE WILL ULTIMATELY INCREASE THE NUMBER OF MIDDLE TENNESSEE FAMILIES THAT CAN BE SERVED ANNUALLY. THE MERGER BECAME EFFECTIVE 7/1/12.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SINCE 1985, HABITAT FOR HUMANITY OF GREATER NASHVILLE HAS BUILT OR RECONSTRUCTED MORE THAN 700 HOMES, INCLUDING OVER 500 LOCALLY AND 200 OVERSEAS. WE SERVE DAVIDSON, CHEATHAM, WILSON, AND DICKSON COUNTIES; THE WILSON COUNTY HABITAT MERGED WITH THE NASHVILLE AFFILIATE IN JULY 2012. WE ARE BUDGETED TO BUILD 29 HOUSES AND RECYCLE 7 HOUSES IN FISCAL 2014. THE NEW HOUSES ARE PURCHASED BY LOW INCOME FAMILIES WHO HAVE COMPLETED HABITAT'S OWNERSHIP EDUCATION COMPONENT, CALLED HOMEWORKS. HABITAT'S RECONSTRUCT PROGRAM SERVES LOW-INCOME FAMILIES BY PERFORMING ALL COMPONENTS OF INTERIOR AND EXTERIOR CONSTRUCTION, AT NO COST TO THE HOMEOWNER, ON PROPERTIES THAT ARE OWNER-OCCUPIED, SINGLE-FAMILY HOMES. RECONSTRUCT ALSO WORKS ON FORECLOSED AND ABANDONED PROPERTIES, RENOVATING THESE HOMES AND THEN SELLING THEM AT ZERO PERCENT INTEREST TO HABITAT PARTNER FAMILIES. HABITAT'S DECONSTRUCT PROGRAM IS A MAJOR CONTRIBUTOR TO RESTORE REVENUE, REMOVING RE-SELLABLE ITEMS FROM HOMES IN THE PROCESS OF BEING REMODELED, REDECORATED, OR DEMOLISHED FOR NEW CONSTRUCTION. HABITAT'S RESTORES (FORMERLY HOMESTORES) SELL USED AND NEW HOME AND OFFICE FURNISHINGS AND BUILDING SUPPLIES AT A FRACTION OF RETAIL PRICES.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

EXECUTIVE COMMITTEE CAN MAKE DECISIONS BASED ON THE APPROVAL MATRIX.

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

THE COMPLETE 990 WILL BE REVIEWED BY THE TREASURER, THE CFO, THE CEO, AND THE FINANCE COMMITTEE BEFORE IT IS FILED.

Name of the organization HABITAT FOR HUMANITY OF GREATER NASHVILLE

Employer identification number 58-1636286

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

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST FORM ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

INDEPENDENT AGENCY/PERSON CONDUCTS A JOB MARKET ANALYSIS THAT INCLUDES COMPARABLE DATA. A STUDY OF THE JOB DESCRIPTION IS COMPARED TO SIMILAR DATA.

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

THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

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FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER OF NET ASSETS FROM HABITAT FOR HUMANITY -WILSON CO.....	\$ 1,136,289.
TOTAL	<u>\$ 1,136,289.</u>

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HABITAT FOR HUMANITY OF GREATER NASHVILLE

SECRETARY'S CERTIFICATE

The undersigned does hereby certify as follows:

1. The undersigned is the duly elected, qualified and acting Secretary of HABITAT FOR HUMANITY OF GREATER NASHVILLE, a Tennessee nonprofit corporation (the "Company").

2. Attached hereto as Exhibit A is a true, correct and complete copy of certain resolutions (the "Resolutions") adopted by the Board of Directors of the Company at a duly called meeting with a quorum of directors of the Company present at its offices on May 31, 2012. The resolutions have not been amended or revoked and are now in full force and effect.

3. The following persons are the duly elected Directors of the Board of the Company, and the signature set forth opposite each name is each person's true and actual signature:

<u>INCUMBENT</u>	<u>OFFICE</u>	<u>SIGNATURE</u>
Ken Gerdesmeier	Chairman	<i>Ken Gerdesmeier</i>
Gil Fuqua	Vice Chair	<i>Gil Fuqua</i>
Diana McAfee	Secretary	<i>Diana McAfee</i>
Larry Morton	Treasurer	<i>Larry Morton</i>

IN WITNESS WHEREOF, the undersigned has signed this Certificate.

Diana McAfee

Diana McAfee, Secretary

Dated: May 31, 2012

I, Ken Gerdesmeier, the Chairman of the Company, do hereby certify that Diana McAfee is the duly elected and acting Secretary of the Company, and that the above is her signature.

Ken Gerdesmeier

Ken Gerdesmeier, Chairman

Dated: May 31, 2012

EXHIBIT A

**RESOLUTIONS
OF THE BOARD OF DIRECTORS
OF HABITAT FOR HUMANITY OF GREATER NASHVILLE**

The undersigned, the duly elected Secretary of Habitat for Humanity of Greater Nashville, a Tennessee nonprofit corporation (the "Company"), does certify that the Board of Directors of the Company, at a duly called meeting with a quorum of directors of the Company present at its offices on May 30, 2012, did adopt the following resolutions and consent to the taking of all actions set forth therein.

RESOLVED, that this Board of Directors finds that it is in the best interests of the Company to merge with Habitat for Humanity of Wilson County, Inc., whereby the Company will be the surviving entity (the "Merger"); and

RESOLVED FURTHER, that Danny Herron, President and CEO of the Company (the "Authorized Officer"), be, and hereby is, authorized and directed to execute and deliver in the name and on behalf of the Company, as the case may be, all instruments, documents and agreements that the Authorized Officer in his sole discretion deems necessary or advisable to effectuate the Merger, including but not limited to an Agreement and Plan of Merger, and Articles of Merger, and any other documents in connection with the Merger; and

RESOLVED FURTHER, that whenever the approval or satisfaction of any director or other authorized representative of the Company is required in connection with any document, item or matter referred to in the foregoing resolutions, such approval or satisfaction shall be conclusively signified and evidenced by the Authorized Officer's execution of such document or a document relating to the merger;

RESOLVED FURTHER, that any and all other actions heretofore taken by the Authorized Officer of the Company, to execute and deliver any of the agreements authorized by the foregoing resolutions, or to take any of the actions authorized by the foregoing resolutions, are hereby approved, ratified and confirmed in all respects.

(Secretary's certification appears on the following page)

CERTIFICATE:

I, Diana McAfee, do hereby certify that I am the duly elected Secretary of Habitat for Humanity of Greater Nashville and the keeper of records of the Company. These resolutions were duly adopted at the meeting of the Board of Directors of the Company, held in accordance with the Charter and Bylaws of The Company, at its offices located at 2950 Kraft Drive, Nashville, Tennessee, on the 31st day of May, 2012.

By: _____

Diana McAfee
Diana McAfee, Secretary

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ARTICLES OF MERGER
OF
HABITAT FOR HUMANITY OF WILSON COUNTY, INC.
INTO
HABITAT FOR HUMANITY OF GREATER NASHVILLE

Pursuant to the provisions of Section 48-61-101, et seq., of the Tennessee Nonprofit Corporation Act (the "Act"), the undersigned Tennessee non-profit corporations hereby submit these Articles of Merger stating as follows:

1. The Plan of Merger, a copy of which is attached to these Articles as Exhibit A, was approved by the board of directors of each of the corporations in the manner prescribed by Section 48-61-103 of the Act.
2. As to Habitat for Humanity of Greater Nashville, a Tennessee nonprofit corporation, the Plan of Merger was duly approved by the affirmative vote of the required percentage of all the directors entitled to vote on May 31, 2012.
3. As to Habitat for Humanity of Wilson County, Inc., a Tennessee nonprofit corporation, the Plan of Merger was duly approved by the affirmative vote of the required percentage of all the directors entitled to vote on May 21, 2012.
4. The name of the surviving entity shall be Habitat for Humanity of Greater Nashville.

IN WITNESS WHEREOF, the following duly authorized officer of the surviving corporation has executed these Articles of Merger on the date shown below.

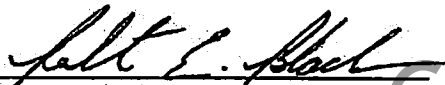
HABITAT FOR HUMANITY OF GREATER NASHVILLE
a Tennessee Nonprofit Corporation

By: 
Danny Herron

Date: 5/31/2012

President and Chief Executive Officer

HABITAT FOR HUMANITY OF WILSON COUNTY, INC.
a Tennessee Nonprofit Corporation

By: 
Robert E. Black

Date: May 24, 2012

Board Chairman

PUBLIC COPY

AGREEMENT AND PLAN OF MERGER

The following Agreement and Plan of Merger (the "Plan") is prepared pursuant to the provisions of Section 48-61-101, et seq., of the Tennessee Nonprofit Corporation Act.

1. The names of the business entities that are parties to the merger are:
 - a. Habitat for Humanity of Greater Nashville, a Tennessee nonprofit corporation ("HFHGN"); and
 - b. Habitat for Humanity of Wilson County, Inc., a Tennessee nonprofit corporation ("HFHWC").
2. HFHGN shall be the surviving business entity.
3. The terms and conditions of the merger are as follows:
 - a. As of the effective date, the separate existence of the HFHWC shall cease, and all rights, liabilities, privileges, powers, franchises, properties, and assets of HFHWC shall be vested in HFHGN.
 - b. For federal income tax purposes HFHGN, as the surviving entity will continue to utilize the HFHGN taxpayer employer identification number.
 - c. The merger shall become effective as of July 1, 2012, if approved by the membership of both entities prior to that date. Otherwise, the merger shall become effective upon the latest date of approval by each entity.
 - d. Shared Services Plan. The parties hereto acknowledge that a "Shared Services Plan" is in the process of being developed by the parties contemporaneously with the preparation of this Plan and is intended to guide the operations and governance of the surviving entity after the effective date of the merger, and may be revised from time to time. The parties hereto agree that they, respectively, will use their best efforts to cause the surviving entity to implement and comply with spirit and intent of the then current Shared Services Plan, including the establishment of an advisory group comprised of individuals who are representatives of HFHGN, and individuals who are current Board members of HFHWC, which shall be involved and consulted on the operations of HFHGN in Wilson County, Tennessee, following the effective date of the merger.
 - e. Indemnification and Insurance. From and after the effective date of the merger, HFHGN will, and will cause the surviving entity to, fulfill and honor in all respects the obligations of HFHWC pursuant to any indemnification and exculpation provisions in favor of the current or former directors or officers of HFHWC, while acting in their capacity as a director or officer of HFHWC (the "Indemnified Parties") under the charter and bylaws of HFHWC. Further, for a period of three (3) years after the effective date of the merger, HFHGN will cause the surviving entity to maintain in effect a policy of directors' and officers' liability insurance covering the Indemnified Parties. HFHGN may, however, satisfy its obligations under the foregoing sentence by purchasing a "tail" policy under HFHWC's existing directors' and officers' insurance policy which has an


effective term of three (3) years from the effective date of the merger and which contains terms and conditions (including coverage amounts) which are no less advantageous than those contained in the most advantageous of the terms and conditions of either the HFHWC or HGHGN directors' and officers' insurance policies in effect as of the date hereof. This covenant is intended to be for the benefit of, and shall be enforceable by the Indemnified Parties and their heirs and personal representatives and shall be binding on HFHGN and the surviving entity and its successors and assigns.

- f. Covenant as to Non-Activity in Wilson County, Tennessee. In the event, at any time after the merger is effective, that HFHGN fails to complete any construction projects in Wilson County, Tennessee, during a period of 24 consecutive months, then, after such 24 month period has elapsed, HFHGN shall, upon request, provide any necessary releases or other consents required for a new Habitat for Humanity chapter to be organized in Wilson County, Tennessee. Such releases or consents shall be provided at no cost or expense to HFHGN, and no transfer of assets from HFHGN to the new Habitat for Humanity chapter shall take place. Such request may only be submitted to HFHGN by HFHGN's Wilson County advisory board or similar advisory group, if any exists. In the event that the HFHGN Wilson county advisory board, or other similar advisory board does not exist, five or more persons who, at any time, have been Indemnified Parties, may submit a request for the formation of a new Habitat for Humanity chapter to be organized in Wilson County, Tennessee. This covenant is intended to be for the benefit of, and shall be enforceable by the Indemnified Parties and their heirs and personal representatives and shall be binding on HFHGN and the surviving entity and its successors and assigns.
4. The mailing address of the surviving business entity is 2950 Kraft Drive, Suite 100, Nashville, TN 37204.

SIGNATURES ON FOLLOWING PAGE

IN WITNESS WHEREOF, the parties hereto have executed this Agreement and Plan of Merger on the dates shown below.

HABITAT FOR HUMANITY OF GREATER NASHVILLE
a Tennessee Nonprofit Corporation

By: 
Danny Heiron

Date: 5/31/2012

President and Chief Executive Officer

HABITAT FOR HUMANITY OF WILSON COUNTY, INC.
a Tennessee Nonprofit Corporation

By: 
Robert E. Black

Date: 5/24/2012

Board Chairman

PUBLIC COPY