Form 990
Department of the Treasury
Internal Revenue Service

Extended to February 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

★ Do not enter social security numbers on this form as it may be made public.
★ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

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

C Name of organization
   Doing business as
   Habitat for Humanity of Bucks County

D Employer identification number
   **-*******

E Telephone number
   215-822-2812

F Name and address of principal officer:
   Florence Kawoczka
   same as C above
   Chalfont, PA 18914

G Gross receipts
   3,004,543.

H(a) Is this a group return
   Yes [x] No

H(b) Are all subordinates included?
   Yes [x] No

I Tax-exempt status:
   [x] 501(c)(3)
   [___] 501(c)(4) (insert no.)
   4947(a)(1) or 527

J Website:
   www.habitatbucks.org

K Form of organization:
   [x] Corporation
   [ ] Trust
   [ ] Association
   [ ] Other
   L Year of formation: 1990
   M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: Building Communities, Empowering Families.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5

6 Total number of volunteers (estimate if necessary) 6

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h) 1,867,089

9 Program service revenue (Part VIII, line 2g) 1,293,776

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 293,045

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 44,989

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,498,999

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 656,925

16a Professional fundraising fees (Part IX, column (A), line 11e) 870,298

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,098,545

19 Revenue less expenses. Subtract line 18 from line 12 2,399,956

20 Total assets (Part X, line 16) 11,189,042

21 Total liabilities (Part X, line 26) 5,083,722

22 Net assets or fund balances. Subtract line 21 from line 20 6,106,120

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.

Signature of officer, Florence Kawoczka, Executive Director

Print/Type preparer’s name

Seth T. Marshall

Preparer’s signature

Date 02/06/17

Check if extended [ ]

PTIN P01420215

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

Form 990 (2015)