

**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)

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 2006 calendar year, or tax year beginning and ending

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

**C** Name of organization  
**HABITAT FOR HUMANITY NEW YORK CITY, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**111 JOHN STREET**  
 City or town, state or country, and ZIP + 4  
**NEW YORK, NY 10038**

**D** Employer identification number  
**11-2857055**

**E** Telephone number  
**(212) 991-4000**

**F** Accounting method:  Cash  Accrual  
 Other (specify) **▶**

**G** Website: **WWW.HABITATNYC.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **7,112,940.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Contributions to donor advised funds	1a	
	b Direct public support (not included on line 1a)	1b	5,022,371.
	c Indirect public support (not included on line 1a)	1c	
	d Government contributions (grants) (not included on line 1a)	1d	897,500.
	e Total (add lines 1a through 1d) (cash \$ 5,919,871. noncash \$ )	1e	5,919,871.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	472,726.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	73,615.
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	
	b Less: rental expenses	6b	
c Net rental income or (loss). Subtract line 6b from line 6a	6c		
7 Other investment income (describe )	7		
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	
	(B) Other	8b	
	b Less: cost or other basis and sales expenses	8c	
	c Gain or (loss) (attach schedule)	8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	627,353.	
b Less: direct expenses other than fundraising expenses	9b	129,790.	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1 497,563.	
10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11	19,375.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	6,983,150.	
Expenses	13 Program services (from line 44, column (B))	13	2,353,396.
	14 Management and general (from line 44, column (C))	14	473,027.
	15 Fundraising (from line 44, column (D))	15	675,490.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses. Add lines 16 and 44, column (A)	17	3,501,913.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	3,481,237.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,608,544.
	20 Other changes in net assets or fund balances (attach explanation)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	16,089,781.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a Grants paid from donor advised funds, 22b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25a Compensation of current officers, directors, key employees, etc., 25b Compensation of former officers, directors, key employees, etc., 25c Compensation and other distributions, not included above, to disqualified persons, 26 Salaries and wages of employees not included on lines 25a, b, and c, 27 Pension plan contributions not included on lines 25a, b, and c, 28 Employee benefits not included on lines 25a - 27, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize): a, b, c, d, e, f, g SEE STATEMENT 2, 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 3</b>	188,719.	137,765.	39,631.	11,323.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	982,804.	712,841.	206,456.	63,507.
27 Pension plan contributions not included on lines 25a, b, and c	10,552.	7,645.	2,217.	690.
28 Employee benefits not included on lines 25a - 27	239,683.	173,997.	50,348.	15,338.
29 Payroll taxes	85,631.	62,163.	17,988.	5,480.
30 Professional fundraising fees				
31 Accounting fees	26,000.		26,000.	
32 Legal fees	79,842.	79,842.		
33 Supplies				
34 Telephone	27,088.	20,370.	5,149.	1,569.
35 Postage and shipping	16,297.	12,255.	3,098.	944.
36 Occupancy	85,151.	58,754.	17,030.	9,367.
37 Equipment rental and maintenance	29,316.	22,045.	5,573.	1,698.
38 Printing and publications	21,973.	9,851.	3,958.	8,164.
39 Travel	65,441.	49,212.	12,440.	3,789.
40 Conferences, conventions, and meetings				
41 Interest	20,190.	14,657.	4,241.	1,292.
42 Depreciation, depletion, etc. (attach schedule)	30,494.	22,932.	5,797.	1,765.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 2</b>	1,592,732.	969,067.	73,101.	550,564.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,501,913.	2,353,396.	473,027.	675,490.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a HOMESTEADERS: THE MAIN PURPOSE IS TO WORK IN PARTNERSHIP WITH LOW INOCME FAMILIES PROVIDING THEM WITH DECENT AND AFFORDABLE HOUSING.</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>2,353,396.</p>
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</b></p>	<p>2,353,396.</p>

**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	2,178,025.	3,285,287.
	46 Savings and temporary cash investments		
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable	283,674.	
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable	6,015,913.	
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	61,901.	
	54 a Investments - publicly-traded securities		
	b Investments - other securities		
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment: basis	131,513.		
b Less: accumulated depreciation	96,854.		
58 Other assets, including program-related investments (describe SEE STATEMENT 5)	5,455,798.	7,561,443.	
59 Total assets (must equal line 74). Add lines 45 through 58	14,188,510.	17,419,840.	
Liabilities	60 Accounts payable and accrued expenses	167,663.	200,750.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable (STMT 6)	1,253,307.	929,770.
65 Other liabilities (describe SEE STATEMENT 7)	158,996.	199,539.	
66 Total liabilities. Add lines 60 through 65	1,579,966.	1,330,059.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	9,220,770.	11,458,903.
	68 Temporarily restricted	3,387,774.	4,630,878.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	12,608,544.	16,089,781.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	14,188,510.	17,419,840.	





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed NY		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	34
91 a	The books are in care of MR. NEERAJ NAGPAL Telephone no. (212) 991-4000 Located at 111 JOHN STREET, NEW YORK, NY ZIP + 4 10038		
b	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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MORTGAGE LOAN DISCOUNT					472,726.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		0.	14	73,615.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					497,563.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					19,375.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		73,615.	989,664.
105 Total (add line 104, columns (B), (D), and (E))					1,063,279.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				


108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Type or print name and title \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature  Date 11/07/07 Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X) P00367209  
Firm's name (or yours if self-employed), address, and ZIP + 4 N. CHENG & CO., P.C.  
40 EXCHANGE PLACE  
NEW YORK, NY 10005  
EIN 13-3516375  
Phone no. (212) 785-0100

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

**2006**

Name of the organization

HABITAT FOR HUMANITY NEW YORK CITY, INC.

Employer identification number

11 2857055

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GERALD POLNER 111 JOHN STREET, NEW YORK, NY 10038	DIRECTOR OF FINANCE 40.00	64,435.	1,472.	
ANN KONE 111 JOHN STREET, NEW YORK, NY 10038	DIRECTOR OF DEVELOPM 40.00	65,500.	1,575.	
ROLAND LEWIS 111 JOHN STREET, NEW YORK, NY 10038	EXEC. DIRECTOR 40.00	120,588.	2,224.	
GINA BUFFONE 111 JOHN STREET, NEW YORK, NY 10038	PROJECT MANAGER 40.00	56,750.	425.	
BEVERLY CHEUVRONT 111 JOHN STREET, NEW YORK, NY 10038	DIRECTOR OF COMM. 40.00	53,936.		
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	X	
e	Transfer of any part of its income or assets? .....		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....		X
b	Did the organization have a section 403(b) annuity plan for its employees? .....		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		X
b	Did the organization make any taxable distributions under section 4966? .....		X
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....		X
d	Enter the total number of donor advised funds owned at the end of the tax year .....		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,203,759.	4,070,460.	3,276,895.	3,449,689.	16,000,803.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,231,287.	1,079,943.	969,606.	892,811.	4,173,647.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	19,542.	5,284.	3,525.	13,853.	42,204.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	19,904.	29,133.	SEE STATEMENT 11 34,771.	69,148.	152,956.
23 Total of lines 15 through 22	6,474,492.	5,184,820.	4,284,797.	4,425,501.	20,369,610.
24 Line 23 minus line 17	5,243,205.	4,104,877.	3,315,191.	3,532,690.	16,195,963.
25 Enter 1% of line 23	64,745.	51,848.	42,848.	44,255.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 323,919.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,977,758.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 16,195,963.
d Add: Amounts from column (e) for lines: 18 42,204. 19 22 152,956. 26b 2,977,758.					26d 3,172,918.
e Public support (line 26c minus line 26d total)					26e 13,023,045.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.4092%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.) N/A  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38 Total lobbying expenditures (add lines 36 and 37) .....	38		
39 Other exempt purpose expenditures .....	39		
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -			
The lobbying nontaxable amount is -			
Not over \$500,000 .....	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 .....	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





Name of organization **HABITAT FOR HUMANITY NEW YORK CITY, INC.** Employer identification number **11-2857055**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization <b>HABITAT FOR HUMANITY NEW YORK CITY, INC.</b>	Employer identification number <b>11-2857055</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CREDIT SUISSE FIRST BOSTON  11 MADISON AVE  NEW YORK, NY 10010	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HABITAT FOR HUMANITY INTERNATIONAL  121 HABITAT STREET  AMERICUS, GA 31709	\$ 177,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	INDEPENDENCE COMMUNITY FOUNDATION  182 ATLANTIC AVENUE  BROOKLYN, NY 11201	\$ 880,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	INTERNATIONAL STRATEGY & INVESTMENT GROUP, INC.  40 WEST 57 STREET  NEW YORK, NY 10019	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BRYAN CAVE LLP  211 NORTH BROADWAY SUITE 3800  ST. LOUIS, MO 63102	\$ 233,140.	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.)

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
	627,353.		627,353.	129,790.	497,563.
TO FM 990, PART I, LINE 9	627,353.		627,353.	129,790.	497,563.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING FEES	69,066.	5,760.	46,700.	16,606.
INSURANCE	43,389.	36,574.	5,224.	1,591.
OFFICE EXPENSES	193,958.	94,094.	20,964.	78,900.
NEWSLETTERS & DIRECT MAIL	565,997.	113,199.		452,798.
PUBLIC RELATIONS	18,021.	18,021.		
TITHE	59,134.	59,134.		
MORTGAGE DISCOUNT EXPENSES	481,417.	481,417.		
MISCELLANEOUS EXPENSES	6,624.	5,742.	213.	669.
AMERICORP / VISTA PROGRAM EXPENSE	155,126.	155,126.		
TOTAL TO FM 990, LN 43	1,592,732.	969,067.	73,101.	550,564.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3  
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROLAND LEWIS	120,588.	2,224.		122,812.
A. PROGRAM SERVICES	88,030.	1,624.		89,654.
B. MANAGEMENT AND GENERAL	25,323.	467.		25,790.
C. FUNDRAISING	7,235.	133.		7,368.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GERALD POLNER	64,435.	1,472.		65,907.
A. PROGRAM SERVICES	47,038.	1,075.		48,113.
B. MANAGEMENT AND GENERAL	13,531.	309.		13,840.
C. FUNDRAISING	3,866.	88.		3,954.

TOTAL PROGRAM SERVICES				137,767.
TOTAL MANAGEMENT AND GENERAL				39,630.
TOTAL FUNDRAISING				11,322.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				188,719.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

TO WORK IN PARTNERSHIP WITH LOW INCOME FAMILIES PROVIDING THEM WITH DECENT AFFORDABLE HOUSING.

FORM 990

OTHER ASSETS

STATEMENT 5

DESCRIPTION

AMOUNT

LOAN RESERVE RECEIVABLE

41,591.

DUE FROM HABITAT FOR HUMANITY HDFC

7,519,852.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

7,561,443.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAME

TERMS OF REPAYMENT

HABITAT FOR HUMANITY  
INTERNATIONAL

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	.00%

SECURITY PROVIDED BY BORROWER      PURPOSE OF LOAN

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	464,914.

LENDER'S NAME

TERMS OF REPAYMENT

HABITAT FOR HUMANITY  
INTERNATIONAL

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	.00%

SECURITY PROVIDED BY BORROWER      PURPOSE OF LOAN

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	454,189.

LENDER'S NAME TERMS OF REPAYMENT

VARIOUS INDIVIDUALS

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	10,667.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		929,770.

FORM 990 OTHER LIABILITIES STATEMENT 7

<u>DESCRIPTION</u>	<u>AMOUNT</u>
HOMEOWNER ESCROW	-1,057.
HOMEOWNER RESERVE	178,077.
SAVINGS PLAN CONTRIBUTION FOR FAMILY MEMBERS	22,519.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	199,539.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 8

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LOSS ON SALE OF ASSETS REPORT ON HDFC	1,288,041.
TOTAL TO FORM 990, PART IV-B	1,288,041.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
LES BLUESTONE C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	CHAIRPERSON	0.00	0.	0.	0.
CLAUDIA MACHAVER C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	VICE CHAIRPERSON	0.00	0.	0.	0.
ANDIE SIMON C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	VICE CHAIRPERSON	0.00	0.	0.	0.
CONNIE SARGENT C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	VICE CHAIRPERSON	0.00	0.	0.	0.
JOHN KWON C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	TREASURER	0.00	0.	0.	0.
SHAUNA LONG C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	SECRETARY	0.00	0.	0.	0.
PAUL SHANG C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER	0.00	0.	0.	0.
REV.DR.CECILY BRODERICK C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER	0.00	0.	0.	0.
REV. MARK C. HALLINAN. S.J. C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER	0.00	0.	0.	0.

CHRIS HOEFFEL C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
KARIM HUTSON C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
RABBI BOB KAPLAN C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
DOUG PAUL C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
JOHN PIERCE C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
NIA ROCK C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
TED SCHWEITZER C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
REV. THOMAS SYNAN C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
JULIA TAYLOR C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.
DANA WILLIAMS C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER  0.00	0.	0.	0.

VANITHA VENUGOPAL C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER 0.00	0.	0.	0.
SUZETTE HUNTE C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER 0.00	0.	0.	0.
NEIL BADER C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER 0.00	0.	0.	0.
DAVID BACH C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	MEMBER 0.00	0.	0.	0.
ROLAND LEWIS C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	EXECUTIVE DIRECTOR 40.00	120,588.	2,224.	0.
GERALD POLNER C/O HABITAT FOR HUMANITY NYC, 111 JOHN STREET, NEW YORK, NY 10038	DIRECTOR OF FINANCE 40.00	64,435.	1,472.	0.
JENIFFER ARMSTRONG JOHN STREET NEW YORK, NY 10038	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		185,023.	3,696.	0.

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 10  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	INTEREST DISCOUNT ON NO INTEREST MORTGAGES GIVEN TO LOW INCOME FAMILIES FOR HOUSING
97A	NET RENTAL INCOME FROM REAL ESTATE TO CARRY OUT EXEMPT ORGANIZATION PURPOSES.
103A	OTHER INCOME TO CARRY OUT EXEMPT ORGANIZATION PURPOSES.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
	19,904.	29,133.	34,771.	69,148.
TOTAL TO SCHEDULE A, LINE 22	19,904.	29,133.	34,771.	69,148.

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II: Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>HABITAT FOR HUMANITY NEW YORK CITY, INC.</b>	Employer identification number <b>11-2857055</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>334 FURMAN STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11201</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MR. JERRY POLNER**  
Telephone No. **(718) 246-5656** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**

5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**AUDIT OF FINANCIAL RECORDS IS IN PROGRESS. THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN IS BEING COMPILED.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Nina Bahazheva** Title **ACCOUNTANT** Date **08/07/07**

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>N. CHENG &amp; CO., P.C.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>40 EXCHANGE PLACE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NEW YORK, NY 10005</b>

623832  
05-01-07

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>HABITAT FOR HUMANITY NEW YORK CITY, INC.</b>	Employer identification number <b>11-2857055</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>334 FURMAN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11201</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MR. JERRY POLNER**  
 Telephone No. ▶ **(718) 246-5656** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2006** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	<b>2006</b>  <b>Open to Public Inspection</b>
This form used for Article 7-A, EPTL, and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <b>01/01/2006</b> and ending (mm/dd/yyyy) <b>12/31/2006</b>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization		d. Fed. employer ID no. (EIN)
	<b>HABITAT FOR HUMANITY NEW YORK CITY, INC.</b>		<b>11-2857055</b>
	Number and street (or P.O. box if mail not delivered to street address) Room/suite <b>111 JOHN STREET</b>		e. NY State registration no. <b>04-23-77</b>
City or town, state or country and ZIP + 4		f. Telephone number	g. Email
<b>NEW YORK, NY 10038</b>		<b>718 246-5656</b>	

<b>2. Certification - Two Signatures Required</b>				
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.				
a. President or Authorized Officer	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title	Date

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A annual report exemption</b> (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may also check the box to claim this exemption if no PFR or FRC was used <b>and</b> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).	
b. <b>EPTL annual report exemption</b> (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <b>and</b> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ...	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted: See last page for summary of fee requirements.</b>		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee	\$ <u>750.</u>	
c. Total fee	\$ <u>775.</u>	

<b>6. Attachments:</b> For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
--





CT-5

Staple forms here

New York State Department of Taxation and Finance

2006

Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

All filers must enter tax period:

Tax Law - Articles 9-A, 13, 32, and 33

beginning 01-01-06

ending 12-31-06

Employer identification number

File number

Business telephone number

11-2857055

MM2

(718) 246-5656

Legal name of corporation

HABITAT FOR HUMANITY NEW YORK CITY, INC.

Trade name / DBA

Mailing name (if different from legal name) and address

State or country of incorporation

Date received (for Tax Department use only)

c/o

Number and street or PO box

334 FURMAN STREET

Date of incorporation

City

BROOKLYN

State ZIP code

NY 11201

Foreign corporations: date began business in NYS

Audit use

If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the Need help? in the instructions.

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one CT-5 form and mark an X in both boxes in the appropriate article if you are requesting an extension for both the franchise tax and MTA surcharge returns. For example, mark an X in both the CT-3 box and the CT-3M/4M box under Article 9-A if you are requesting an extension of time to file both returns.

Article 9-A

Article 13

Article 32

Article 33

CT-3

CT-33

CT-33-M

or

CT-3M/4M

CT-13 X

CT-32

CT-32-M

CT-33-C

CT-33-NL

CT-4

Payment enclosed

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax

Attach your payment here. Detach all check stubs. (See instructions for details.)

Computation of estimated franchise tax

- 1 Franchise tax from the worksheet on page 2 of Form CT-5-I
2 First installment of estimated tax for the next tax year
3 Total franchise tax and first installment
4 Prepayments of franchise tax
5 Balance due - franchise tax

Computation of estimated MTA surcharge

- 6 MTA surcharge from the worksheet on page 2 of Form CT-5-I
7 First installment of estimated MTA surcharge for the next tax year
8 Total MTA surcharge and first installment
9 Prepayments of MTA surcharge
10 Balance due - MTA surcharge
11 Total balance due

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

Table with columns: Date paid, A. Franchise tax, B. MTA surcharge. Rows 12-16 detailing installment and overpayment amounts.

Signature of individual preparing this document

Firm's name (or yours if self-employed)

Mina Bahazhevskii

N. CHENG & CO., P.C.

Address 40 EXCHANGE PLACE

City NEW YORK

State ZIP code NY 10005

ID number

Date 08-06-07

See instructions for where to file

## Antonio Manalo

---

**From:** CharExt [Charities.Extensions@oag.state.ny.us]  
**Sent:** Wednesday, May 16, 2007 10:40 AM  
**To:** Antonio Manalo  
**Subject:** Re: Habitat for Humanity NYC EIN 11-2857055

We have received your request for an extension. You may receive notification under separate cover if your request is denied.

Thank you for using e-mail to request an extension.

Sincerely,

Charities Bureau

>>> "Antonio Manalo" <tony@ncheng.com> 5/15/2007 11:37 AM >>>  
We respectfully request for a three month extension for subject organization to file an annual financial report as per attached Form 8868 submitted to the IRS.

<<IRSExt081507.pdf>>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II** **Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>HABITAT FOR HUMANITY NEW YORK CITY, INC.</b>	Employer identification number <b>11-2857055</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>334 FURMAN STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11201</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MR. JERRY POLNER**  
Telephone No. **(718) 246-5656** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**
- 5 For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**AUDIT OF FINANCIAL RECORDS IS IN PROGRESS. THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN IS BEING COMPILED.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	<b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Nina Baharkeust** Title **ACCOUNTANT** Date **08/07/07**

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>N. CHENG &amp; CO., P.C.</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>40 EXCHANGE PLACE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NEW YORK, NY 10005</b>

623832  
05-01-07

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>HABITAT FOR HUMANITY NEW YORK CITY, INC.</b>	Employer identification number <b>11-2857055</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>334 FURMAN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11201</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MR. JERRY POLNER**  
Telephone No. ▶ **(718) 246-5656** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2006** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2006)