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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

Open to Public
Inspection

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

HABITAT FOR HUMANITY OF INDIANA, INC.

No & street (or P O box, if mail is not delivered to street address)

207 W NORTH STREET

City or town, state or country, and ZIP + 4

Columbia City IN 46725-0803

D Employer identification number

35-2104725

E Telephone number

(260) 244-4479

F Group Exemption Number

►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► www.habitatindiana.org

H Check ☒ if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) - ☒ 501(c)(3) (insert no) 4947(a)(1) or 527K Check ☐ if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 252,015

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	251,960
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	9
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► See attachment #1)	8	46	
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	252,015	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	179,578
	13	Professional fees and other payments to independent contractors	13	41,354
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	483
	16	Other expenses (describe ► See attachment #2)	16	54,078
17	Total expenses. Add lines 10 through 16	17	275,493	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,478
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	122,669
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	99,191

Part II Balance Sheets (If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	59,502	22 88,332
23 Land and buildings	1,955	23 1,612
24 Other assets (describe ► See attachment #3)	61,212	24 27,260
25 Total assets	122,669	25 117,204
26 Total liabilities (describe ► See attachment #4)	0	26 18,013
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	122,669	27 99,191

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

SCANNED JAN 8 2010

RECEIVED
JAN 16 2009
HABITAT FOR HUMANITY OF INDIANA, INC.

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

What is the organization's primary exempt purpose? See attachment #5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

trusts, optional for others)

28 See attachment #6

(Grants \$) If this amount includes foreign grants, check here .

239,340

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 **Total program service expenses** (add lines 28a through 31a)

32

239,340

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instr. for Part IV)

(a) Name and address

(b) Title and average hours per week devoted to position(c) Compensation
(If not paid,
enter -0-.)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

See attachment #7

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and (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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed IN		
42a	The books are in care of See attachment #8 Telephone no Located at ZIP + 4		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46** 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

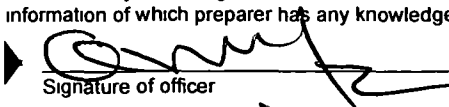
	Yes	No
46		X
47		X
48		X
49a		X
49b		X

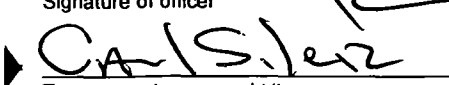
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

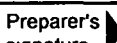
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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  Date 12/11/2009

 Type or print name and title CA/S. I. er2 Fiscal Officer 260-248-4500

Paid Preparer's Use Only

Preparer's signature  Date 12-07-2009 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 THE SEIGEL GROUP EIN 116 WEST SIXTH STREET Phone no Auburn, IN 46706- 260-925-1619

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,241,255	9,226,952	602,281	512,695	288,698	19,871,881
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	9,241,255	9,226,952	602,281	512,695	288,698	19,871,881
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						19,871,881

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	9,241,255	9,226,952	602,281	512,695	288,698	19,871,881
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					9	9
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	732	204	870	4,220	46	6,072
11 Total support. Add lines 7 through 10						19,877,962
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years: If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.99 %
16a 33 1/3 % support test – 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test – 2007. 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 – 2008. 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 – 2007. 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 IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions).

SCHEDULE A, PART II, LINE 10 - MISCELLANEOUS INCOME

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization HABITAT FOR HUMANITY OF INDIANA, INC.			Employer Identification Number 35-2104725

Description of Other Revenue	Amount
MISCELLANEOUS INCOME	46
Total	46

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

For calendar year 2008 or tax period beginning 07-01-2008, **and ending** 06-30-2009.

HABITAT FOR HUMANITY OF INDIANA, INC.

35-2104725

Description of Other Expenses	Amount
BANK SERVICE CHARGES	482
CONFERENCES AND MEETINGS	7,837
EQUIPMENT RENTAL AND MAINTENANCE	6,458
DEPRECIATION	803
DUES AND SUBSCRIPTIONS	250
INSURANCE	9,283
MISCELLANEOUS	170
RENT	2,775
REPAIRS AND MAINTENANCE	1,439
SUPPLIES	3,768
TELEPHONE	3,792
TRAINING	9,448
TRAVEL	7,573
Total	54,078

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Employer Identification Number

35-2104725

Totals

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Employer Identification Number

35-2104725

Totals	18,013
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PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization HABITAT FOR HUMANITY OF INDIANA, INC.	Employer Identification Number 35-2104725

Primary Purpose

THE MISSION OF HABITAT FOR HUMANITY OF INDIANA, INC. IS TO JOIN WITH GOD AND PARTNER WITH PEOPLE IN PROMOTING THE HEALTH AND DEVELOPMENT OF HABITAT FOR HUMANITY AFFILIATES BY CONNECTING PEOPLE, IDEAS, AND RESOURCES. THEIR VISION IS THAT ALL INDIANA HABITAT FOR HUMANITY AFFILIATES BE HEALTHY - ORGANIZATIONALLY, FINANCIALLY, AND SPIRITUALLY - HAVING THE ABILITY AND CAPACITY TO ELIMINATE POVERTY HOUSING FROM THEIR COMMUNITY.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990-EZ Page 3, Part III

Open to Public	Inspection		
For calendar year 2008 or tax period beginning		07-01-2008, and ending	06-30-2009.
Name of Organization		Employer Identification Number	
HABITAT FOR HUMANITY OF INDIANA, INC.		35-2104725	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	239,340
Exempt Purpose Achievements			

HABITAT FOR HUMANITY OF INDIANA, INC. PROVIDED AFFILIATE SUPPORT TO NEARLY 20 AFFILIATES THROUGHOUT THE STATE OF INDIANA. THIS, IN TURN, RESULTED IN THOUSANDS OF HOURS COORDINATED DONATED VOLUNTEER EFFORTS TO CONSTRUCT SIMPLE, DECENT, AFFORDABLE HOUSING IN PARTNERSHIP WITH THE LOW INCOME FAMILIES OF INDIANA.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.			
Name of Organization HABITAT FOR HUMANITY OF INDIANA, INC.			Employer Identification Number 35-2104725	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
DAN KLEIN 6114 WEST RIDGE ROAD Gary, IN 46408	PRESIDENT 3.00	0	0	0
RHETT CECIL 98 SOUTH EDWARDS Franklin, IN 46131	VICE PRESIDENT 5.00	0	0	0
DON CROSS 101 NORTH MAIN STREET Auburn, IN 46706	TREASURER 5.00	0	0	0
SUE DENNOCUR P.O. BOX 72 Tell City, IN 47586	SECRETARY 3.00	0	0	0
DOUG TAYLOR 420 SOUTH 1ST STREET Lafayette, IN 47905	BOARD MEMBER 1.00	0	0	0
KERRY THOMSON 213 EAST KIRKWOOD AVENUE Bloomington, IN 47408	BOARD MEMBER 1.00	0	0	0
TOM MCARTHUR 2526 PEDDLERS VILLAGE ROAD Goshen, IN 46527	BOARD MEMBER 1.00	0	0	0
DEAN ILLINGWORTH 1011 EAST 22nd STREET Indianapolis, IN 46202	BOARD MEMBER 1.00	0	0	0
LORI REED 1401 NORTH FARES AVENUE Evansville, IN 47711	BOARD MEMBER 1.00	0	0	0
BARTON SMITH, JR 1103 WINDSOR DRIVE Marion, IN 46952	BOARD MEMBER 1.00	0	0	0
ALAN THORUP P.O. BOX 596 Fishers, IN 46038	BOARD MEMBER 1.00	0	0	0
RICK WAJDA 101 WEST OHIO STREET Indianapolis, IN 46204	BOARD MEMBER 1.00	0	0	0
CARL SILER 378-A NORTH LINE Columbia City, IN 46725	BOARD MEMBER 1.00	0	0	0
DAVID HATCH 402 EAST SOUTH STREET South Bend, IN 46601	BOARD MEMBER 1.00	0	0	0
RICHARD MILLER 212 CARTER ROAD Goshen, IN 46526	BOARD MEMBER 1.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 8 - 990-EZ Page 3, Part V, Line 42a

Open to Public
Inspection

For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.

Name of Organization

HABITAT FOR HUMANITY OF INDIANA, INC.

Employer Identification Number

35-2104725

Part V - Line 42a

Individual Name

CARL SILER

or

Business Name

Street Address

207 W NORTH STREET

U S Address

Zip code 46725

City Columbia City

State IN

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(260) 244-4479

Fax Number

(603) 909-7689

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

HABITAT FOR HUMANITY OF INDIAN FOR FORM 990

35-2104725

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	757
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life		460	5	HY	S/L	46
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	803
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

2008 Federal Depreciation Schedule

HABITAT FOR HUMANITY OF INDIANA, INC
35-2104725

12-04-2009

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
General										
DELL 840 SERVER	12-24-08	S/L	5	460	0	0	0	460	0	46
1 Asset			Totals	460	0	0	0	460	0	46
Furniture & Fixtures										
DIMENSION 4400	05-21-02	S/LHY	5	2,130	0	0	0	2,130	2,130	0
DELL DIMENSION	11-13-02	S/L	5	1,124	0	0	0	1,124	1,124	0
PROJECTOR	05-28-03	S/L	5	2,013	0	0	0	2,013	2,013	0
COMPUTER	04-30-04	S/L	5	1,661	0	0	0	1,661	1,383	278
DELL POWEREDGE	01-05-07	S/L	5	2,396	0	0	0	2,396	719	479
5 Assets			Totals	9,324	0	0	0	9,324	7,369	757
6 Assets			Grand Totals	9,784	0	0	0	9,784	7,369	803

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

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

OMB No. 1545-1709

► 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)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

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

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 a corporation 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 and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	HABITAT FOR HUMANITY OF INDIANA, INC.	35-2104725
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	207 W NORTH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Columbia City IN 46725-0803	

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

- | | | |
|---|---|------------------------------------|
| <input 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 checked="" 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 ► See attachment #8

Telephone No. ► _____ 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 corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20__ or
► ☒ tax year beginning JULY 01, 20 08, and ending JUNE 30, 20 09

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	\$	0
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	\$	0
c 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.	3c	\$	0

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)