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**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)

OMB No 1545-1150

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► 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

**A For 2008 calendar year, or tax year beginning** JULY 01**, 2008, and ending** JUNE 30**, 2009****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) Room/  
suite  
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](http://www.habitatindiana.org)**J Organization type** (check only one) -  501(c)(3) (insert no.)  4947(a)(1) or  527**H Check**  if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**K 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)

<b>REVENUE</b>	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
	b Less cost or other basis and sales expenses	5b
	c 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"/>
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
<b>EXPENSES</b>	b Less direct expenses other than fundraising expenses	6b
	c 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
	b Less cost of goods sold	7b
	c 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
	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
<b>NET ASSETS</b>	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
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -23,478
<b>NET ASSETS</b>	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)

(See instructions for Part II)

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
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)



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

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	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	34	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?	35a	X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0		
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	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	40b	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	40e	X
41 List the states with which a copy of this return is filed ► <b>IN</b>		
42a The books are in care of ► <b>See attachment #8</b> 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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	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 ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here ► <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	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

	Yes	No
46		X
47		X
48		X

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?

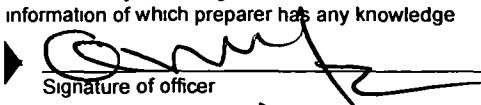
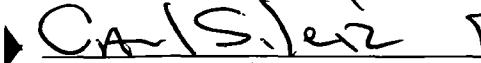
49a	X
49b	X

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"

(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 ►		

<b>Sign Here</b>	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	
		Date <b>12/11/2009</b>
 <b>Car (S.)ez Fiscal Off</b> <b>260-248-4500</b> Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date <b>12-07-2009</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>THE SEIGEL GROUP 116 WEST SIXTH STREET Auburn, IN 46706-</b>	Check if self-employed <input type="checkbox"/> EIN ► Phone no ► <b>260- 925-1619</b>

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

**Name of the organization**

HABITAT FOR HUMANITY OF INDIANA, INC.

**Employer identification number**  
35-2104725

**Part I Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)

- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
(ii) A family member of a person described in (i) above?  
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	<b>Yes</b>	<b>No</b>
N/A	11g(i)	
N/A	11g(ii)	
N/A	11g(iii)	

h Provide the following information about the organizations the organization supports

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?	(V) Did you notify the organization in col (I) of your support?	(VI) Is the organization in col (I) organized in the U.S.?	(VII) Amount of support

**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10						19,877,962
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years:</b> 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 <b>stop here</b>						► <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 <b>33 1/3 % support test – 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b <b>33 1/3 % support test – 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test – 2007.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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.
<b>Name of Organization</b> HABITAT FOR HUMANITY OF INDIANA, INC.	<b>Employer Identification Number</b> 35-2104725		

Description of Other Revenue	Amount
MISCELLANEOUS INCOME	46

Total

46

**SCHEDULE OF OTHER EXPENSES**

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

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

## SCHEDULE OF OTHER ASSETS

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

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending	06-30-2009.	
<b>Name of Organization</b> HABITAT FOR HUMANITY OF INDIANA, INC.		<b>Employer Identification Number</b> 35-2104725	
Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
ACCOUNTS RECEIVABLES	58,230	26,492	
PREPAID EXPENSES	2,982		
DEPOSITS		768	
Totals	61,212	27,260	

## **SCHEDULE OF OTHER LIABILITIES**

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

## 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				Employer Identification Number
HABITAT FOR HUMANITY OF INDIANA, INC.				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.

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## 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.
<b>Name of Organization</b>	<b>Employer Identification Number</b>		
HABITAT FOR HUMANITY OF INDIANA, INC.	35-2104725		
<b>Part III - Statement of Program Service Accomplishments</b>			
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.	
<b>Name of Organization</b> HABITAT FOR HUMANITY OF INDIANA, INC.			<b>Employer Identification Number</b> 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	BOARD MEMBER 1.00	0	0	0
Goshen, IN 46527		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.
<b>Name of Organization</b> HABITAT FOR HUMANITY OF INDIANA, INC.			<b>Employer Identification Number</b> 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)

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 INDIANFOR 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 <b>smaller</b> 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	4 60	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.

## 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
<b>General</b>										
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
<b>Furniture &amp; Fixtures</b>										
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**

- 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization  HABITAT FOR HUMANITY OF INDIANA, INC.	Employer identification number  35-2104725
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.  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 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A

- Form 4720
- Form 5227
- Form 6069
- 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 (GE)

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, 2010, 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, 2008, and ending JUNE 30, 2009

**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>	\$	0
<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>	\$	0
<b>c</b> <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	<b>3c</b>	\$	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.

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

Form 8868 (Rev. 4-2008)