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Department of the Treasury

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)

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

OMB No 1545-0047 2008 Open to Public

inte	mai Revenue Se	rviçe	The organization may have to use a copy of this return to satisfy state in	eporting requirer	Herita	Inspection
A	For the 2008 o	alendar y	ear, or tax year beginning $7/01/08$, and ending $6/30/0$	<u> </u>		
В	Check if applicable	Please	C Name of organization		D Employ	yer identification number
\Box	Address change	use IRS	TULSA HABITAT FOR HUMANITY,	INC.		
H	-	label or	Doing Business As		73-	1325063
\sqcup	Name change	print or type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
Ш	Initial return	See	,	Rountsuite		-592-4224
$\overline{\Box}$	Termination	Specific				
님	remination	Instruc-	City or town, state or country, and ZIP + 4		G Gross recei	pts \$ 3,175,092
\square	Amended return	tions.	TULSA OK 74112-5411			
\Box	Application pending		e and address of principal officer		H(a) Is this a	group return for
_		PA	UL KENT		affiliates	
		62	35 E. 13TH STREET		H(b) Are all a included	affiliates Yes No
		TU	LSA OK 74112		If "No."	attach a list (see instructions)
<u> </u>	Tax-exempt sta				1	, ,
÷			HABITAT-TULSA.ORG		H(c) Group a	exemption number > 8545
<u>-</u>	Type of organization			Year of formation 1		M State of legal domicile OK
				1 ear Or IOITHAUON	<u> </u>	ivi State of legal dominicile OTC
	1	<u>Summa</u>				
	1		he organization's mission or most significant activities			_
ø			FOR HUMANITY WORKS IN PARTNERSHIP WITH GOD AND			•
ä			WALKS OF LIFE TO DEVELOP COMMUNITIES WITH GOD'			
E 6	BUI	LDING	AND RENOVATING HOUSES SO THAT THERE ARE DECENT	HOUSES IN	N DECENT	Γ
Governance	2 Check	this box	▶ ☐ If the organization discontinued its operations or disposed of more than 25	5% of its assets		
<u>ن</u>	3 Numbe	r of voting	members of the governing body (Part VI, line 1a)		3	21
Se	4 Numbe	r of indep	endent voting members of the governing body (Part VI, line 1b)		4	12
Ě	5 Total n	umber of	employees (Part V, line 2a)		5	20
Activities &	1		volunteers (estimate if necessary)		6	4500
⋖			lated business revenue from Part VIII, line 12, column (C)		7a	
	_		siness taxable income from Form 990-T, line 34		7b	0
	D Net an	Ciated bu		Prior Ye		Current Year
	8 Contrib	utions an	d grants (Part VIII, line 1h)	1,72	8,462	1,589,173
Revenue	1				8,556	1,311,587
ě	1		1031		7,071	6,355
æ			ne (Part VIII, column (A), lines 3, 4, and (3d) MAY 2 4 2010 0		3,600	267,977
		-			7,689	3,175,092
_			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,01	7,000	3,113,032
			· · · · · · · · · · · · · · · · · · ·		-	·
	1	=	or for members (Part IX, column (A), line 4)	71	1 /51	691,649
Se	1		ompensation, employee benefits (Part IX, column (A), lines 5–10)	/ 1	1,451	091,049
enses			draising fees (Part IX, column (A), line 11e)			
Ехре	b Total fu	_	expenses (Part IX, column (D), line 25) 81,674	0 00	0.050	0 000 105
ш	17 Other 6	expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)		8,959	2,073,105
	18 Total e	xpenses	Add lines 13-17 (must equal Part IX, column (A), line 25)	2,95	0,410	2,764,754
		ue less ex	penses Subtract line 18 from line 12	12		410,338
Net Assets or	<u> </u>			Beginning of		End of Year
Set	20 Total a	ssets (Pa	rt X, line 16)		6,947	4,809,755
ý Ž	21 Total li	abilities (F	Part X, line 26)		3,872	226,342
, Ž			nd balances Subtract line 21 from line 20	4,17	3 , 075	<u>4,583,413</u>
<u> </u>	Part II	Signatu	re Block			
9] ι	Jnder pera	Ities of perjuny, I declare that thave examined this return, including accompanying schedules at	nd statements, and	to the best of	my knowledge
	a	ind belief if	is true, correct, and complete Declaration of preparer (other than officer) is based on all inform	nation of which pre	parer has any	
Sig	gn 📗	\ <i>†</i>			7	D-17-10
He	-	Signatu	tre of officer	12	Date	
	1 h	\	PAUL J RENT /xecutive Directo	r/ Presid	lant	
		Type o	r print name and title	,		
· —			Date Date	Check	ď	Preparer's identifying number
Pa		Preparer's signature		_ self-		(see instructions) P01015862
,	eparer's ⊢ੈ	g.iatuie		7/10 employ		
	· .	irm's name	CURZON, CUMBEY & KUNKEL		EIN	▶ 73-1528194
		f self-emplo			Phone	010 401 4020
_		ddress, an	101511, 01 , 1133 0373		no 🕨	918-491-4036
Ma			eturn with the preparer shown above? (see instructions)			X Yes No
DAA	A For Privac	y Act and	I Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

) (Revenue \$

2, 148, 054 (Must equal Part IX, Line 25, column (B))

4d Other program services (Describe in Schedule O)

4e Total program service expenses 🕨 💲

including grants of \$

Part IV Checklist of Required Schedules

	`		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		$\stackrel{\wedge}{\longrightarrow}$	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-		
•	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		}	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		1	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		.,	
_	complete Schedule D, Part IV	9	X	.,,
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	امما	v	
	Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	12	Х	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
is I4a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		
•	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		-	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			v
	24b–24d and complete Schedule K If "No," go to question 25	24a		<u>X</u>
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
u 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
-	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>
		F	200	(2000)

Pa	irt IV Checklist of Required Schedules (continued)			
	,		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			l
	employee), or an indirect business relationship through ownership of more than 35% in another entity			l
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			ł
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			l
	complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			ĺ
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			i
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			İ

orm 990 (2008)

VI

	Statements Regarding Other INS Finings and Tax Compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 20			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
20	Instructions)			ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a		- 55		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			Ì
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country	1.2		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			Ì
	and Financial Accounts			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1 1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		ĺ
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ĺ
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		l
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			۱
	benefit contract?	7e		X
f		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			v
	required?	7h		<u>X</u>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			l
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			Х
9	organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		Х
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	┨		
11	Section 501(c)(12) organizations. Enter	\neg		
	Gross income from members or shareholders			Į
b	Gross income from other sources (Do not net amounts due or paid to other sources against	┨		į
-	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2008) TULSA HABITAT FOR HUMANITY, INC. 73-1325063

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	tion A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			1
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 1b 12			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			l
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			l
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u>X</u>
Sec	tion B. Policies	· · · · · · · · · · · · · · · · · · ·		
42-	Done the presentation have a symbol conflict of seture to all set 0.16 White 7 and 4 live 40	40.	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give nise to conflicts?	405	Х	l
_		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13	Λ_	X
14	Does the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	l
b	Other officers or key employees of the organization?	15b	X	
-	Describe the process in Schedule O (see instructions)	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16ь		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OK			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ TULSA HABITAT FOR HUMANITY, INC 6235 EAST 13TH STEET			
TO 1	ULSA OK 74112-5411	918-59	2 - 4	224

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per			check	C) all t	hat ap	ply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CHRIS JONES V. CHAIRMAN	2	Х						0	0	0
JEFF RONSSE		1								- www.
TREASURER	2	Х				<u> </u>		O	0	0
RICHARD FLAM										
BOARD MEMBER	2	X						0	0	0
BLAKE KEELEY	_									_
BOARD MEMBER	2	X		<u> </u>	<u> </u>	ļ		0	0	0
TREAK TASKER	^									0
CHARMAIN	2	X		<u> </u>	_	-		0	0	0
LEIGH ANN KI BOARD MEMBER	NG 2	X						o	0	0
CASSANDRA BU		+^			_	\vdash		0	U	<u> </u>
BOARD MEMBER	2	x						ol	o	0
PHIL HIXON		- * `			-	1				
SECRETARY	2	X						ol	ol	0
CHARLOTTE MI	NDEMAN								"	
BOARD MEMBER	2	Х						0	0	_ 0
JEFF JORDAN	-									
BOARD MEMBER	2	X				<u>.</u>		. 0	0	0
LORETTA RADE			,		l				_	
BOARD MEMBER	2	X	<u> </u>		<u> </u>	_		0	0	0
JOE RODANSKI	2	١,,			ŀ					0
BOARD MEMBER	2	<u> </u>	├	-	├		_	0	0	0
PAUL KENT	50		l	Х				62,004	o	0
PRESIDENT JOHN GONSALE		+		-	-	-	-	02,004		
FINANCE DIR.	50		1	X				53,560	o	0
				,,				33,330		

Р	a	a	e	8

Pa	rt VII	Section A	. Officers, Directors, Tr	ıstees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)			
	(A)		(B)	Pos	ition (C) call th	nat ap	nlv)	(D)	(E)	_	(F)	
	Name and	d title	Average hours per week	or director	_	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	an com fr org an	stimated nount of other pensation the anization drelated anization anization anization	1 I
		·												
						_								
		-												
-		-												
						<u> </u>								
				-										
			- · ·	+						-				
		•												
				-										
				 										
1b	Total			<u> </u>		_			_	115,564				
2	Total nun	nber of indiv	riduals (including those in	1a) w	ho re	ceive	ed m	ore t	han	\$100,000 in reportable com	pensation from the			
3			hat any formar officer du	notor (lease			ee, or highest compensated	***************************************		Ye	s No
4	employee For any II	on line 1a?	? If "Yes," complete Sched ted on line 1a, is the sum	dule J of rep	for so	uch i le co	ndıvı mpe	dual nsati	on a	and other compensation from complete Schedule J for su			3	X
5	individual Did any p	erson listed	on line 1a receive or acc	rue co	mpe	nsatı	on fr	om a	ıny ı	unrelated organization for	-"		<u> </u>	X
Sec			the organization? If "Yes, Contractors	COM	piete	SCII	eauli	# J 10	Su	uch person			5	
1			he organization	ensate	ed inc	depe	nder	t cor	trac	ctors that received more than				
ST	AYERS	PLUMBI	Name and business address				1 1	SE	5.8	Descript 3 2 TRAIL	(B) ion of services		(C Compe	sation
		GROVE		<u>K 7</u>	43					PLUMBING			1	01,643
						_								
							-				· · · · · · · · · · · · · · · · · · ·			
			<u></u>								 			
2				ıdıng t	hose	in 1) wh	o rec	eıve	ed more than \$100,000 in		,,,,,	···	
DAA	compens	auuri irom ti	he organization >						_			<u></u> F	orm 99	0 (2008)

Pa	<u>ırt V</u>	III Statement of Rev	enue						
: :						(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
- 1					:		function	revenue	under sections
SS	12	Federated campaigns	1a				revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	la L	· •	1b		— 			Ì	
pě		Membership dues							
₹.E	C.	Fundraising events	1c						
ᅋ	a	Related organizations	1d		———			j	
Sin	θ.	Government grants (contributions)	1e		l				
ă Ę	f	All other contributions, gifts, grants,						Ì	
등등		and similar amounts not included above	_1f		89,173				
o E	g		a-1f \$		Į.				
0 "	h	Total. Add lines 1a-1f			•	1,589,173			
Program Service Revenue					Busn. Code				
ē.	2a	SALE TO HOMEOWNERS				846,898	846,898		
8	b	RESTORE SALES				437,049	437,049	·	
. <u>ö</u>	C	OTHER PROGRAM REVE	NUE			24,190	24,190		
Ş	d	RENTAL INCOME				3,450	3,450		
틆	е								
ğ	f	All other program service reve	enue]	_
2	g	Total. Add lines 2a-2f				1,311,587			
	3	Investment income (including	dıvıden	ds, interes	st, and				
		other similar amounts)			▶	6,355			6,355
	4	Income from investment of tax	k-exem	ot bond pr	oceeds ▶				
	5	Royalties		•	▶				
		(ı) Real		(11)	Personal				
	6a	Gross Rents							
	ь	Less rental exps							
	c	Rental inc or (loss)							
į	d	Net rental income or (loss)		1		İ	i		
	7a	Gross amount from (i) Securiti	es	(11) Other				
		sales of assets other than inventory		 					
	ь	Less cost or other		†···					
	_	basis & sales exps							
	С	Gain or (loss)		 			- 1		
	d	Net gain or (loss)		<u>.</u>	•	j			
	8a	Gross income from fundraising even	onte			-			
Φ.	"	(not including \$	51710						
ent		of contributions reported on line 10	-)						
ě		See Part IV, line 18	-,. a		267,977				
F	h	Less direct expenses	ь ь		201/311				
Other Revenu		Net income or (loss) from fund	draieina	events		267,977	267,977	*	
_		Gross income from gaming activiti	•	CVCING		201/311	201/311		
	ا	See Part IV, line 19	∞ 						
	h	Less direct expenses	b						
		Net income or (loss) from gan	_	L	▶				
		Gross sales of inventory, less	-	Villes	-				
	'05	returns and allowances	а	ļ					
	h	Less cost of goods sold	b						
		Net income or (loss) from sale	_	enton	•				
	ــــ	Miscellaneous Revenu		entory	Busn. Code			-	
	11a					1		1	
	b					-			
	C				 		· · · · · · · · · · · · · · · · · · ·		
	d	All other revenue							
		Total. Add lines 11a–11d			•				
	12	Total Revenue. Add lines 1h,	20.3	1 5 64 7	· -				······
	'-	9c, 10c, and 11e	-y, J,	τ, υ, υα, <i>Γ</i> ι	u, oc,	3,175,092	1,579,564	0	6,355
		,,			- 1	0, -, 0, 0, 2,	-, -, -, -, -, -, -, -, -, -, -, -, -, -	V	0,000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

e HEALTH BENEFITS 15,801 15,801 15,801 15,817 12,463 88,129 15,817		All other organizations must	complete column (A) but ar	e not required to complet	e columns (B), (C), and (D).
Grafts and other assistance to individuals in degree and the US See Part IV, line 21		•		Program service	Management and	Fundraising
Genation of the U.S. See Part V. Ine 22 Grants and other assistance to individuals in the U.S. See Part V. Ine 22 Grants and other assistance in dividuals outsed the U.S. See Part V. Ine 23 Grants and other assistance in governments, organizations, and individuals outsed the U.S. See Part V. Ine 28 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers of 4550(X) and persons described in section 4550(X)				олронова	general expenses	CAPCIISES
2 Grants and other assatiance to individuals in the U.S. See Part IV, line 2 3 Grants and other assatiance to governments, organizations, and advirulation subset in the U.S. See Part IV, lines 15 and 16 4 Benefits part to or for members 5 Compression of current officers, directors, triateses, and key employees 6 Compression of current officers, directors, triateses, and key employees 7 Other salances and wages 8 Pertison plan contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 401(k) and section 402(k) employer contributions (include section 402(k)) employer contributions (include section	•	-				
The US See Part V, Inc. 22 See Part V, Inc. 23 See Part V, Inc. 24 See Part V, Inc. 25 See Part V, Inc. 25 See Part V, Inc. 26 See Part V, Inc. 26 See Part V, Inc. 26 See Part V, Inc. 27 See Part V,	•	•				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 4 Benefits good to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 6 Compensation of current officers, directors, trustees, and key employees 8 Person plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 1 23,147 14,954 6,972 1,221 10 Payroll taxes 1 48,289 33,654 11,886 2,745 1 Fees for services (non-employees) a Management b Legal 4 4,300 4,300 4 4,300 4 4,300 6 Accounting 1 Coloriers of trustees and variety of the contribution of the contr	2					
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustess, and key employees 6. Compensation not included above, to disqualified person (se defined under section 459k(K))(8) 7. Other selences and wages 8. Pension plan contributions (include section 459k(K))(8) 9. Other employee benefits 9. Other employee benefits 10. Payroll taxes 48. 28.9 33., 65.4 11. 88.6 2. 74.5 15. Pess for services (non-employees) 34. 30.0 4. 30.0 4. 30.0 4. 30.0 4. 30.0 4. 30.0 4. 30.0 6. Logal 6. Logal 6. Logal 6. Logal 7. Accounting 1. Logal 7. Hordessonal fundrations services. See Part IV, line 17 1. Investiment imanagement fees 9. Other 9. Other 9. Policissonal fundrations services. See Part IV, line 17 1. Investiment imanagement fees 9. Other 9. Other 9. Other sepenses 10. Conforce expenses 10. Conforce expenses 10. Congrancy 11. Travel 12. Payments of fravel or entertainment expenses for any federal, state, or local public officials 13. Office expenses 14. Conforce conventions, and meetings inferent and labeled miscellaneous may not exceed 5% of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses send to covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses send to misce 2 below) 12. Conforce Conventions, and mortization 13. Office expenses itemaze expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses send not miscellaneous may not exceed 5% of total expenses send not miscellaneous may not exceed 5% of total expenses send not miscellaneous may not exceed 5% of total expenses send not miscellaneous may not exceed 5% of total expenses send not miscellaneous may not exceed 5%	•					
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4 Benefits paid to or for members 5 Compensation of current officers directors, trustees, and key employees 6 Compensation of included above, to desqualified person (se officed under section 458(c)(1)(8) 7 Other salmes and wages 8 Penson plan contributions (include section 458(c)(1)(8) 9 Other employee benefits 1 Payroll taxes 1 Person plan contributions (include section 451(c) (2), and section 451(c) employee contributions) 9 Other employee benefits 1 Payroll taxes 1 Person services (non-employees) 1 Person services (non-employees) 1 Responsible to the section of the		·				
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6 Compensation of included shows, in dequalified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pessions plan contributions (include section 401(k) and section 40(k) employer contributions (include section 401(k) and section 40(k) employer contributions) 9 Other employer contributions 10 Payroll taxes 11 Fees for services (non-employees) 11 Fees for services (non-employees) 12 J. 147	5	•				
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8 Person plan contributions (include section 401(k) and section 401(k) employer contributions) 9 Other employee benefits	_		620 212	422 245	152 665	25 202
and section 40(0) employee benefits		· ·	020,213	432,245	132,663	33,303
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) A Management 12 Legal 20 Accounting 13 Universiment management fees 30 Other expenses 20 20, 332 14 Note that the services (non-employees) A Maragement 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 20 Insurance 21 Insurance 23 Insurance 24 Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 26 Insurance 27 Insurance 28 Insurance 29 Insurance 29 Insurance 20 Insurance 20 Insurance 20 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 29 Insurance 20 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 29 Insurance 20 Insurance 20 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 20 Insurance 21 Insurance 22 Insurance 23 Insurance 24 Other expenses itemize expenses not covered above (Expenses feet of the fee	8					
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11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundrating services See Part IV, line 17 f Investment management fees g Other 298 298 298 30 Fees See Part IV, line 17 f Investment management fees g Other 298 298 298 298 30 Other 298 298 30 Other 298 298 30 Other 298 200, 332 200, 332 30 Office expenses 10 Octopancy 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of affiliates 20 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses llemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS b RESTORE - CONTRACT LABOR 40,792 40,792 50 Other expenses 40,792 40,792 51 Total functional expenses. Add lines 1 through 24 52 Other expenses 54 Other expenses 54 Other expenses 55 Other expenses 55 Other expenses 65 Other expenses 66 Occupancy 67 Other expenses 67 Other expenses 68 Other expenses for expense of the properties of the p		· ·				1,221
a Management b Legal			48,289	33,654	11,886	2,749
b Legal	11	, , , ,				
C Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 298 298 298 298 298 298 298 20, 332 30, 343 30,	а	<u> </u>	4 200		4 200	
d Lobbying e Professonal fundraising services See Part IV, line 17 f Investment management fees g Other 2 298 2 298 12 Advertising and promotion 1, 935 1, 425 510 3 Office expenses 2 0, 332 4 Information technology 15 Royalties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 13 Insurance 14 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled muscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS b RESTORE - CONTRACT LABOR c HEALTH BENEFITS - PROGRAM d FUNDRAISING - DREAMBUILDE c HEALTH BENEFITS = PROGRAM d FUNDRAISING - DREAMBUILDE c HEALTH BENEFITS f All other expenses 15,801 15,801 15,801 15,801 2,764,754 2,148,054 535,026 81,674 50798-2 Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation 10 Professional fundraising solicitation 10 Professional fundraising solicitation 10 Professional fundraising solicitation 10 Professional fundraising solicitation 10 Professional fundraising solicitation 10 Professional fundraising solicitation 11 Professional fundraising solicitation 12 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or entertainment expenses 10 Payments of travel or expenses 10 Payments of travel or entertainment exp	b	Legal				
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2	С	Accounting	20,161		20,161	
f Investment management fees 298	d					
g Other	е	Professional fundraising services See Part IV, line 17				
12 Advertising and promotion 1, 935 1, 425 510 13 Office expenses 20, 332 20, 332 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 CONSTRUCTION COSTS 2 HEALTH BENEFITS − PROGRAM 36,993 36,993 3 GP32 40,792 40,792 4 HEALTH BENEFITS − BROGRAM 36,993 36,993 4 FUNDRAISING − DREAMBUILDE 26,584 26,584 5 All other expenses Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs, Check here	f	Investment management fees				
13 Office expenses	g	Other				
14	12	Advertising and promotion		1,425		
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 RESTORE − CONTRACT LABOR 40,792 40,792 2 HEALTH BENEFITS − PROGRAM 36,993 36,993 3 FUNDRAISING − DREAMBUILDE 26,584 26,584 4 HEALTH BENEFITS 15,801 15,801 5 5 All other expenses 2 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs, Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation	13	Office expenses	20,332		20,332	
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3, 913 3, 913	14	Information technology				
17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest 3, 913 3, 913 20 Interest 84,000 84,000 21 Payments to affiliates 84,000 34,176 22 Depreciation, depletion, and amortization 34,176 34,176 23 Insurance 109,488 1,804 107,684 24 Other expenses ltemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 1,457,923 1,457,923 a CONSTRUCTION COSTS 40,792 40,792 b RESTORE - CONTRACT LABOR 40,792 40,792 c HEALTH BENEFITS - PROGRAM 36,993 36,993 d FUNDRAISING - DREAMBUILDE 26,584 26,584 e HEALTH BENEFITS 15,801 15,801 f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here	15	Royalties				
18	16	Occupancy				
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Int	17	Travel				
19 Conferences, conventions, and meetings 3,913 3,913 3,913 20 Interest	18	Payments of travel or entertainment expenses				
20		for any federal, state, or local public officials			<u> </u>	
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS b RESTORE - CONTRACT LABOR c HEALTH BENEFITS - PROGRAM d FUNDRAISING - DREAMBUILDE HEALTH BENEFITS f All other expenses 25 Total functional expenses. Add lines 1 through 24f 25 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	19	Conferences, conventions, and meetings	3,913		3,913	
22 Depreciation, depletion, and amortization 34,176 109,488 1,804 107,684 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below a CONSTRUCTION COSTS 1,457,923 1,457,923 b RESTORE - CONTRACT LABOR 40,792 40,792 c HEALTH BENEFITS - PROGRAM 36,993 36,993 d FUNDRAISING - DREAMBUILDE 26,584 26,584 e HEALTH BENEFITS 15,801 15,801 f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here	20	Interest				
23 Insurance 109,488 1,804 107,684 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS 1,457,923 1,457,923 b RESTORE - CONTRACT LABOR 40,792 40,792 c HEALTH BENEFITS - PROGRAM 36,993 36,993 d FUNDRAISING - DREAMBUILDE 26,584 e HEALTH BENEFITS 15,801 15,801 f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	21	Payments to affiliates				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS 1,457,923 1,457,923 b RESTORE - CONTRACT LABOR 40,792 40,792 c HEALTH BENEFITS - PROGRAM 36,993 36,993 d FUNDRAISING - DREAMBUILDE 26,584 e HEALTH BENEFITS 15,801 15,801 f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here	22	Depreciation, depletion, and amortization	34,176		34,176	
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS b RESTORE - CONTRACT LABOR c HEALTH BENEFITS - PROGRAM d FUNDRAISING - DREAMBUILDE e HEALTH BENEFITS f All other expenses 7 Total functional expenses. Add lines 1 through 24f 20, 764, 754 21, 1457, 923 1, 457, 923 1, 457, 923 240, 792 36, 993 36, 993 26, 584 27, 584 28, 189 29, 189 20, 189 20, 189 21, 189 21, 189 22, 148, 054 23, 148, 054 24, 148, 054 25, 148, 054 26, 189 27, 189 28, 189 29, 189 20, 189	23	Insurance	109,488	1,804	107,684	
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS b RESTORE - CONTRACT LABOR c HEALTH BENEFITS - PROGRAM d FUNDRAISING - DREAMBUILDE e HEALTH BENEFITS f All other expenses 7 Total functional expenses. Add lines 1 through 24f 20, 764, 754 21, 1457, 923 1, 457, 923 1, 457, 923 240, 792 36, 993 36, 993 26, 584 27, 584 28, 189 29, 189 20, 189 20, 189 21, 189 21, 189 22, 148, 054 23, 148, 054 24, 148, 054 25, 148, 054 26, 189 27, 189 28, 189 29, 189 20, 189						
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS b RESTORE - CONTRACT LABOR c HEALTH BENEFITS - PROGRAM d FUNDRAISING - DREAMBUILDE e HEALTH BENEFITS 15,801 1,457,923 1,457,923 26,584 26,584 26,584 26,584 26,584 26,584 27,801 28,7801 29,7801 20,7802 20,7803 21,457,923 22,40,792 23,7803 24,792 25 Total functional expenses. Add lines 1 through 24f 27,764,754 27,764,764 27,764,764 27,764,764 27,764,76	24	Other expenses Itemize expenses not				
5% of total expenses shown on line 25 below) a CONSTRUCTION COSTS b RESTORE - CONTRACT LABOR c HEALTH BENEFITS - PROGRAM d FUNDRAISING - DREAMBUILDE e HEALTH BENEFITS f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 26,764,754 27,764,754 27,148,054 28,674		covered above (Expenses grouped together				
a CONSTRUCTION COSTS b RESTORE - CONTRACT LABOR c HEALTH BENEFITS - PROGRAM d FUNDRAISING - DREAMBUILDE e HEALTH BENEFITS f All other expenses 216,409 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here		and labeled miscellaneous may not exceed				
b RESTORE - CONTRACT LABOR 40,792 40,792 c HEALTH BENEFITS - PROGRAM 36,993 36,993 d FUNDRAISING - DREAMBUILDE 26,584 e HEALTH BENEFITS 15,801 15,801 f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		5% of total expenses shown on line 25 below)				
b RESTORE - CONTRACT LABOR 40,792 40,792 c HEALTH BENEFITS - PROGRAM 36,993 36,993 d FUNDRAISING - DREAMBUILDE 26,584 e HEALTH BENEFITS 15,801 15,801 f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	а	CONSTRUCTION COSTS	1,457,923	1,457,923		
d FUNDRAISING - DREAMBUILDE 26,584 e HEALTH BENEFITS 15,801 15,801 f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	b	RESTORE - CONTRACT LABOR		40,792		
d FUNDRAISING - DREAMBUILDE 26,584 e HEALTH BENEFITS 15,801 15,801 f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	С	HEALTH BENEFITS - PROGRAM				
e HEALTH BENEFITS f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	d					26,584
f All other expenses 216,409 112,463 88,129 15,817 25 Total functional expenses. Add lines 1 through 24f 2,764,754 2,148,054 535,026 81,674 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			15,801		
Total functional expenses. Add lines 1 through 24f 2, 764, 754 2, 148, 054 535, 026 81, 674 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	f	i			88,129	15,817
Joint Costs. Check here if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25	•				81,674
		Joint Costs. Check here In following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			227,020	

<u> P</u>	art X	Sheet .		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		623,727	1	671,245
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,419	4	17,516
	5	Receivables from current and former officers, directors, t	rustees, kev			
	-	employees, or other related parties. Complete Part II of S	<u>-</u>		5	
	6	Receivables from other disqualified persons (as defined in				
	•	4958(f)(1)) and persons described in section 4958(c)(3)(l				
		Part II of Schedule L	z) complete		6	
(O	7	Notes and loans receivable, net		2,639,589	$\overline{}$	3,166,214
et	8	Inventories for sale or use		270337003	8	0/100/21:
Assets	9	Prepaid expenses and deferred charges			9	
Q	10a		[10a] 563,803	1	Ť	
	[Less accumulated depreciation Complete	303,003	-		
	"	Part VI of Schedule D	10b 307,226	270,226	10c	256,575
	11	Investments—publicly traded securities	301,220	210,220	11	230/3/3
	12	Investments—other securities See Part IV, line 11		1,466		1,466
	13	Investments—program-related See Part IV, line 11		762,301	13	695,212
	14	Intangible assets		702,301	14	030,212
	15	Other assets. See Part IV, line 11		6,219		1,527
	16	Total assets. Add lines 1 through 15 (must equal line 34	`	4,306,947	16	4,809,755
_	17)	21,025	17	97,134
		Accounts payable and accrued expenses		21,023	18	
	18 19	Grants payable Deferred revenue			19	
					20	
Ś	20	Tax-exempt bond liabilities		102,364	21	121,434
itie	21	Escrow account liability Complete Part IV of Schedule D		102,304	21	121,434
Liabilities	22	Payables to current and former officers, directors, trustee				
<u>ia</u>		employees, highest compensated employees, and disqui	ailled		22	
_	22	persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties			
	24	Unsecured notes and loans payable		10,483	24	7,774
	25	Other liabilities Complete Part X of Schedule D		133,872	25	226,342
_	26	Total liabilities. Add lines 17 through 25	V	133,072	26	220,342
seo		-	X and			
ă		complete lines 27 through 29, and lines 33 and 34.		3,680,383	~-	4,301,994
Balan	27	Unrestricted net assets		492,692		281,419
	28	Temporanly restricted net assets		492,092	28	201,419
Fund	29	Permanently restricted net assets	. [1]		29	_ -
Ē		Organizations that do not follow SFAS 117, check he	re 🕨 🔛			
ō		and complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds	£		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment			31	
٦	32	Retained earnings, endowment, accumulated income, or	other funds	4 172 075	32	A 502 A12
ě	33	Total net assets or fund balances		4,173,075 4,306,947	33	4,583,413 4,809,755
	34 art X	Total liabilities and net assets/fund balances		4,300,947	34	4,009,133
_ <u>_</u>	art A	(I Financial Statements and Reporting				Yes No
4	۸۵	counting method used to prepare the Form 990	Cash X Accrual C	Other		Tes No
1		, ,				2a X
2		ere the organization's financial statements compiled or revi ere the organization's financial statements audited by an in		ATTL:		2b X
		Yes" to lines 2a or 2b, does the organization have a comm		or oversight of		20 21
,		e audit, review, or compilation of its financial statements ar				2c X
2		a result of a federal award, was the organization required				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
J		a result of a federal award, was the organization required solutions and OMB Circular A-133?	to undergo an addit of addits 85 50	or iolar iii		3a X
		Yes," did the organization undergo the required audit or au	duts?			3b A
	, 11	res, and the organization undergo the required audit or au	uno'			30

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

TULSA HABITAT FOR HUMANITY, INC.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

Employer Identification number 73-1325063

3	Н	· ·		e organization described in secti						o hoon	italia namo
4	Ш	city, and state	•	in conjunction with a hospital de	scribea in	Section	(ר)(ם)טייו	KA)(III).	Enter in	e nospi	nars name,
5	\Box	• .		f a college or university owned or	onerated	by a gove	ernments	al unit de	ecribed	ın	
3	ш		b)(1)(A)(iv). (Complete Part		operated	by a gove	5311111C111C	ar armit de	301000		
6	\Box			overnmental unit described in se c	tion 170(h\(1\(Δ\(ν	Α.				
7	X			substantial part of its support from				n the ger	neral nu	hlic	
′	Δ	=	· ·		i a goveiii	inental un	01 11011	i tile gel	icrai pu	DIIC	
	\Box		section 170(b)(1)(A)(vi). (Co		,						
8	Н	•		70(b)(1)(A)(vi). (Complete Part II	•						
9	Ш	=	· ·) more than 33 1/3 % of its suppo							
		•		pt functions—subject to certain e	•					ItS	
		• • • • • • • • • • • • • • • • • • • •	•	d unrelated business taxable inco			11 tax) fr	om busir	nesses		
	\Box	•	•), 1975 See section 509(a)(2). (_			
10	Н	-	- ·	exclusively to test for public safety							
11	Ш	•	•	exclusively for the benefit of, to pe				•			
			• • • • • • • • • • • • • • • • • • • •	ed organizations described in sec	-					tion	
		<u> </u>		ne type of supporting organization			1	<u>`</u>			
	\Box	a Type		c Type III–Functions			d		e III–Oth	ner	
е	Ш			anization is not controlled directly							
				and other than one or more public	ciy suppor	tea organ	izations	aescnbe	a in sec	tion	
_			ection 509(a)(2)								
f		•		mination from the IRS that it is a	Type I, Ty	pe II, or I	ype III s	upportin	g		
		_	check this box								
g		_	•	on accepted any gift or contributi	on from a	ny of the					
		following per	sons?								
											[]
			•	ntrols, either alone or together w	th persons	describe	ed in (ii)				Yes No
		and (III) b	pelow, the governing body of	the supported organization?	th persons	descnbe	ed in (ii)				11g(i)
		and (III) b	pelow, the governing body of member of a person describ	the supported organization? ed in (i) above?	th persons	s descnbe	ed in (ii)				11g(i) 11g(ii)
		and (III) b (ii) A family (iii) A 35% c	pelow, the governing body of member of a person describ ontrolled entity of a person d	the supported organization? ed in (i) above? escribed in (i) or (ii) above?	·	s descnbe	ed in (ii)				11g(i)
h		and (III) b (ii) A family (iii) A 35% c	pelow, the governing body of member of a person describ ontrolled entity of a person d	the supported organization? ed in (i) above?	·	s describe	ed in (ii)				11g(i) 11g(ii)
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (fii) Type of organization	supports.	nganization	(v) Did y	-	(vi) l		11g(i) 11g(ii) 11g(iii) (vii) Amount of
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		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (fii) Type of organization	supports.	nganization	(v) Did y the organ col (l)	ization in		on in col zed in the	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports.	organization sted in your	(v) Did y the organ col (l)	ization in of your	organızatı (i) organız	on in col zed in the	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the concoi (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the concoi (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the concoi (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the control (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the control (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the control (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the control (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the control (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the control (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
		and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the control (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of
	org	and (iii) b (iii) A family (iiii) A 35% of Provide the for	pelow, the governing body of member of a person describ ontrolled entity of a person d ollowing information about th	the supported organization? ed in (i) above? escribed in (i) or (ii) above? se organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) is the control (i) is governing	organization sted in your document?	(v) Did y the organ col (i) supp	nization in of your port?	organizati (i) organiz U S	on in col zed in the 3.7	11g(i) 11g(ii) 11g(iii) (vii) Amount of

	shown on line 11, column (f)						693,106
6	Public support. Subtract line 5 from line 4						6,185,862
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	870,093	1,181,443	1,241,820	1,728,462	1,857,150	6,878,968
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,430	5,488	20,745	17,071	6,355	52,089
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)						·
11	Total support. Add lines 7 through 10		<u> </u>				6,931,057
12	Gross receipts from related activities, etc. (see instructions)				12	5,528,749
13	First five years. If the Form 990 is for the o	organization's first, se	econd, third, fourth,	or fifth tax year as	s a section 501(c)(3)	_
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su	pport Percenta	ge				···
14	Public support percentage for 2008 (line 6,	column (f) divided by	/ line 11, column (f)))		14	89.2485 %
15	Public support percentage from 2007 Schei	dule A, Part IV-A, line	e 26f			15	86.6802 %
16a	33 1/3 % support test—2008. If the organi		•	and line 14 is 33 1	1/3 % or more, chec	k this box	. 157
	and stop here. The organization qualifies a		-				▶ X
b	33 1/3 % support test—2007. If the organi				s 33 1/3 % or more,	check this	
	box and stop here. The organization qualif						▶ !_
17a	10%-facts-and-circumstances test—2008	•			•		
	more, and if the organization meets the "factoriganization meets the "facts-and-circumstates"		•	•	•	how the	▶ [
b	10%-facts-and-circumstances test—2003	7. If the organization	did not check a bo	x on line 13, 16a, 1	16b, or 17a, and line	e 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstance	es" test, check this	box and stop her e	e. Explain in Part IV	how the	_
	organization meets the "facts-and-circumsta	ances" test. The orga	anization qualifies a	as a publicly suppo	rted organization		▶
18	Private foundation. If the organization did	not check a box on l	ine 13, 16a, 16b, 1	7a, or 17b, check t	this box and see ins	structions	▶ ∟
			· · · · · · · · · · · · · · · · · · ·	·	s	ichedule A (Form 990	or 990-EZ) 2008

Section A. Public Support

any "unusual grants")

4

Gifts, grants, contributions, and membership fees received (Do not include

Calendar year (or fiscal year beginning in)▶

Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

Gross receipts from activities that are not an unrelated trade or business under section 513 (e) 2008

(d) 2007

Page 3

(f) Total

(a) 2004

(b) 2005

(c) 2006

7	2	_	1	3	2	ς	Λ	6	7
,	. 3	_	L	.)	_		u	U	_

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su					 -	
15	Public support percentage for 2008 (line 8,		-	(f))		15	
16	Public support percentage from 2007 Schei					16	
	tion D. Computation of Investme						
17	Investment income percentage for 2008 (lin		•	olumn (f))		17	
18	Investment income percentage from 2007 S	·				18_[
19a	33 1/3 % support tests—2008. If the organ						. □
	17 is not more than 33 1/3 %, check this bo		= :				
b	33 1/3 % support tests—2007. If the organ						▶ □
20	line 18 is not more than 33 1/3 %, check thi					anization	I H
20	Private foundation. If the organization did	not check a box on	inie 14, 19a or 19i	o, check this dox ar	-		
DAA						Schedule A (Form 99	90 OF 990-C∠) 2008

Schedule A (Form 990 or 990-EZ) 2008 TULSA HABITAT FOR HUMANITY, INC. 73-1325063 Page 4

Part IV. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public
 // Inspection **

Employer identification number Name of the organization 73-1325063 TULSA HABITAT FOR HUMANITY, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 ØPářt相参 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	BITAT FOR HUMA			<u> 325063</u>		Page 2
Part III Organizations Maintainin	g Collections of Art, I	Historical Treas	ures, or Other	Similar Assets	(continue	ed)
3 Using the organization's accession and othe items' (check all that apply)	r records, check any of the fo	llowing that are a sig	gnificant use of its col	llection		
a Public exhibition	d \ Loan o	or exchange program	าร			
b Scholarly research	e Other	0,0				
c Preservation for future generations						
Provide a description of the organization's or Part XIV	ollections and explain how the	ey further the organiz	zation's exempt purpo	ose in		
5 During the year, did the organization solicit of assets to be sold to raise funds rather than t	or receive donations of art, his	storical treasures, or	other similar	Г	Yes	☐ No
Part IV Trust, Escrow and Custo				ed "Yes" to For		
Part IV, line 9, or reported						
1a Is the organization an agent, trustee, custod	an or other intermediary for o	contributions or other	assets not		_	_
included on Form 990, Part X?					Yes	X No
b If "Yes," explain the arrangement in Part XIV	and complete the following to	able				
· · ·	•				Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				10		
f Ending balance				1f		
2a Did the organization include an amount on F	orm 990, Part X, line 21?			X	Yes	No
b If "Yes," explain the arrangement in Part XIV				_	•	_
Part V Endowment Funds. Com	plete if organization an	swered "Yes" to	Form 990, Par	t IV, line 10.		
	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years bac	k (e) Four	years back
1a Beginning of year balance						
b Contributions						
c Investment earnings or losses						
d Grants or scholarships						
Other expenditures for facilities						,
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the year	r end balance held as		<u>r </u>	1		
a Board designated or quasi-endowment	%					
· · ·	^					
c Term endowment ▶ %						
3a Are there endowment funds not in the posse	ssion of the organization that	are held and admini	stered for the			
organization by	onor or the organization that				Γ	Yes No
(i) unrelated organizations					3a(i)	700
(ii) related organizations					3a(ii)	
b If "Yes" to 3a(II), are the related organization	s listed as required on Sched	ule R?			3b	
4 Describe in Part XIV the intended uses of the					<u> </u>	
Part VI Investments—Land, Buil			Part X line 10	. 		
Description of investment	(a) Cost or other basis	(b) Cost or other	T T	preciation	(d) Book v	/alue
•	(investment)	basis (other			• •	
1a Land	_	 				
b Buildings	377,783	3		162,465	21	5,318
c Leasehold improvements	3,7,7,70	1		202, 100		
d Equipment	186,01	RT		144,761	Δ	1,257
e Other	100,01	-	-			
Total. Add lines 1a–1e (Column (d) should equal	Form 990, Part X, column (R)	line 10(c))	I	•	25	6,575
Telegraphic to to toolstant toy of our order	out of the control (b)	,			ule D (Form	

Schedule D (Form 990) 2008 TULSA HABITAT FOR HUMA	NITY, INC.	73-1 <u>325063</u>	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
Financial derivatives and other financial products		<u> </u>	
Closely-held equity interests			
Other _ STOCK & BONDS	1,466	COST	
			····
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			·
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method of v	
HOUGEG FOR CALE	450 040	Cost or end-of-year	market valde
HOUSES FOR SALE	456,240	COST	
CONSTRUCTION IN PROGRESS	141,782		
LAND IN INVENTORY	97,190	COST	
			
	605 010		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	695,212		
Part IX Other Assets. See Form 990, Part X, line 15.			(h) Do al contra
(a) Description			(b) Book value
OTHER ASSETS			1,527
			
			·
			
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25			
(a) Description of liability	(b) Amount		
Federal income taxes	7 774		
OTHER LIABILITIES	7,774		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,774		<u></u>
In Part XIV, provide the text of the footnote to the organization's financial states uncertain tax positions under FIN 48	nents that reports the organi	zation's liability for	

Sche	dule D (Form 990) 2008 TULSA HABITAT FOR HUMANITY, IN		73-1 <u>3250</u> 6	53	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to F	Finan	cial Statements		· · · · · · · · · · · · · · · · · · ·
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1_	3,175,092
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	2,764,754
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	410,338
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	410,338
	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per Ret	turn	
1	Total revenue, gains, and other support per audited financial statements	-		1	3,175,092
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			1999	
- а	Net unrealized gains on investments	2a]		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
_	Other (Describe in Part XIV)	2d		┪╣	
d	Add lines 2a through 2d		<u></u>	2e	
e 2	Subtract line 2e from line 1			3	3,175,092
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	ſ		3/1/3/052
4	·	4a		337	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	<u>-</u>	┫ ╭, ┆	
b	Other (Describe in Part XIV)	40	<u> </u>	- · °	
c	Add lines 4a and 4b			4c	3,175,092
5 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) rt XIII Reconciliation of Expenses per Audited Financial Stateme	nto V	With Expanses not F		
		IIIS V	vitii Expenses per r	Cetuii	2,764,754
1	Total expenses and losses per audited financial statements			88888	2, 104, 134
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	۔ ا	I		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Losses reported on Form 990, Part IX, line 25	2c	<u> </u>	- 1998	
d	Other (Describe in Part XIV)	2d	<u> </u>		
е	Add lines 2a through 2d			2e	0.764.754
3	Subtract line 2e from line 1	1	ſ	3	2,764,754
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		11	
C	Add lines 4a and 4b			4c	0.764.754
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	2,764,754
	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	d 4, Part IV, lines 1b		
	b, Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and				
	<u> PART IV, LINE 2B - ESCROW LIABILITY ARRANGEN</u>	<u>IEN</u> T	<u>'_EXPLANATION</u>		
	HABITAT ACTS AS THE ESCROW AGENT FOR THE HOM	<u>IEB</u> U	YERS. THE ES	<u>CRO</u> W	I_I <u>S FOR</u>
	PAYMENT_OF PROPERTY_TAXES_AND_PROPERTY_INSUF	<u>RAN</u> C	E. ONCE THE	MORT	GAGE IS PAID
	IN FULL, THE BALANCE OF THE ESCROW ACCOUNT 1				
				_	
_		- — 1AKE	PERIODIC PA	 YMEN	 ITS TO
_					
-	ACCUMULATE AN ESCROW ACCOUNT FOR PAYMENT OF	_1 <u>N</u> S	SURANCE_AND/O	<u>K T</u> A	XES AT THE _

Schedule D (Form 990) 2008 TULSA HABITAT FOR HUMANITY, INC. 73-1325063	Page 5
Part XIV Supplemental Information (continued)	
_TIME OF CLOSING. IF THE PROSPECTIVE OWNER DOES NOT COMPLETE THE PROGRAM	- -
_THESE_PAYMENTS ARE REFUNDED	
THE ESCROW LIABILITY ALSO INCLUDES RENTS COLLECTED FROM CLIENTS AFTER	
_OCCUPANCY_BUT_PRIOR_TO OWNERSHIP, AS WELL AS AMOUNTS COLLECTED FROM	
HOMEOWNERS IN EXCESS OF THE MONTHLY PAYMENT. ALL RENTS ARE HELD BY HABI	<u>TAT</u> _
_UNTIL_SUCH_TIME_AS_A_MORTGAGE_IS_SIGNED_BY_THE_HOMEBUYER,_AT_WHICH	
TIME ALL RENTS PAID BY THE HOMEBUYER ARE APPLIED TOWARD THE DOWN PAYMEN	T OF
_THE_HOME AFTER DEDUCTING REAL_ESTATE TAXES AND INSURANCE PAID_BY HABITA	<u>T</u>
FOR THE PERIOD THE HOMEBUYER OCCUPIED THE HOME PRIOR TO TAKING TITLE.	
	-

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public

lame of the organization TULSA HABITAT FOR	HUMANITY,	IN	С.		Employer identification 73-13250	
Partil Fundraising Activities. Complete if	the organization	on ar	swe	red "Yes" to Form	990, Part IV, line	: 17.
1 Indicate whether the organization raised funds through ar	ny of the following a	ctivitie	s Ch	eck all that apply		
a Mail solicitations	e Solicitation	of non	-gove	rnment grants		
b Email solicitations	f Solicitation	of gov	emm	ent grants		
c Phone solicitations	g Special fund	draisin	g eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in	h any individual (inc connection with pri	luding ofessio	office onal fu	ers, directors, trustees undraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities (fur to be compensated at least \$5,000 by the organization F	ndraisers) pursuant orm 990-EZ filers a	to agr re not	requi	ints under which the fund red to complete this table	fraiser is e	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr contribi	have dy or ol of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	- 4	Yes	No			,
		\vdash				
						<u></u>
		 			· <u> </u>	
		-				
						-
Total			•			

	art I		vents. Complete if the orga	nization answered "Yes" to 6a. List events with gross re	Form 990, Part IV, line	18, or repo	orted
			(a) Event #1 DREAMBUILDER	(b) Event #2 HFH GOLF TOURNA	(c) Other Events	(d) Total E	
4			(event type)	(event type)	(total number)	col (c))
Revenue	1 2	Gross receipts Less Charitable contributions	52,859	26	67 <u>,</u> 977		
	3	Gross revenue (line 1	149,568	65,550	52,859	26	67 , 977
	4	Cash prizes					-
Direct Expenses	5	Non-cash prizes	7				
ct Exp	6	Rent/facility costs					·
Dire	7	Other direct expenses			, <u> </u>		
	8 9		Add lines 4 through 7 in column (d))	> (26	57 , 977
P	art l	II Gaming. Com	plete if the organization ans	wered "Yes" to Form 990, F	Part IV, line 19, or repo	rted more	
		than \$15,000 c	on Form 990-EZ, line 6a.	(In) Double by London	· · · · · ·	(d) Tatal ages	
une			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gam col (a) throug	
Revenue							
_	1	Gross revenue					
ses	2	Cash prizes				·	
Direct Expenses	3	Non-cash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					,
	6	Volunteer labor	Yes %	Yes %	Yes %		
	7	Direct expense summary	Add lines 2 through 5 in column (d)	•		
	8	Net gaming income summ	nary. Combine lines 1 and 7 in colur	mn (d)	>		
	Ėn	tor the state(s) in which the	o organization operator gaming actu	ution		Γ	Yes No
9 a			e organization operates gaming activ o operate gaming activities in each o			9a	
b	lf "	No," Explain					
l0a	We	ere any of the organization	s gaming licenses revoked, suspen	ded or terminated during the tax yea	r?	10a	
b	If "	Yes," Explain					
11	Do	11					
12		the organization a grantor, med to administer chantab		member of a partnership or other er	ntity	12	
_					Sahadula C /F	000 00	0 EZ) 2009

Sche	dule G (Form 990 or 990-EZ) 2008 TULSA HABITAT FOR HUMANITY, INC.	73-132506	3	Р	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %			
b	An outside facility	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	No. 10				
	Name ►				
	Address ►				
I5a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address				
	Name ▶				
	Address ▶				
	Address				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Comming manager compensation y				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	i	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$				l

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Name of the organization

TULSA HABITAT FOR HUMANITY, INC.

Employer identification number 73-1325063

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

COMMUNITIES IN WHICH PEOPLE CAN LIVE AND GROW INTO ALL THAT GOD INTENDED.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990, THE DOCUMENT IS EXAMINED BY THE EXECUTIVE DIRECTOR AND THE EXECUTIVE BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
IS EXAMINED ON AN ANNUAL BASIS BY TULSA HABITAT FOR HUMANITY
INTERNATIONAL, ITS PARENT COMPANY AND THE EXECUTIVE BOARD AND IS MONITORED
THROUGHOUT THE YEAR BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL REVIEW BY BOARD CHAIRM1N WITH APPROVAL FROM THE EXECUTIVE BOARD

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ANNUAL REVIEW BY BOARD CHAIRM1N WITH APPROVAL FROM THE EXECUTIVE BOARD

FORM 990, PART VI, LINE 19- DESCRIPTION OF HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

TUL06C02 05/17/2010 2 06 PM						•	,	
Forms 990-PF	Oth	ner Notes a	ind L	oans Receiva	able			2008
	For calendar year 2008, or	r tax year beginni	ıng	7/01/08	, and ending	6/30/		
Name						Emplo	yer Ident	ification Number
TULSA HABITAT	FOR HUMANITY,	INC.				73-	1325	063
EODM GGO DAD	T X, LINE 7 - A	N	אד ד	$N = \bigcap DM $ $N = T \cap N$	•			
FORM 990, PAR	I A, LINE / - A	RUDITIONA	<u>ит т</u>	NEORMATION				
	Name of borrower			- <u>-</u>	Relationship to	disqualified	person	
(1) VARIOUS REC	EIVABLE							
(2)					···			
(F)				- · ·				
(6)								
(7)				-		_		
(8)								
(9)								
(10)								,
	· · · · · · · · · · · · · · · · · · ·	,		·····				·
Original amount borrowed	Date of loan	Matunty date		Re	epayment terms			Interest rate
(1)	VARIOUS	VARIOU	JS	VARIOUS				ļ
(2)								
(3)				· · · · · · · · · · · · · · · · · · ·				-
(4)						····		
(5)								-
(6)					 -		 -	.,
(7) (8)	-		-	-		_		
(9)				. == -,			-	
(10)								
÷ .								
Secu	irity provided by borrower				Purpos	e of loan		
(1)				TO ELIMIA) HOU	SING
(2)								
(3)								
1								
1								
1								
(0)							-	
(9)								
(10)						_		
Considerat	ion furnished by lender		be	alance due at eginning of year	Balance du end of ye			market value (990-PF only)
(1)				2,639,589	3,166			
(2)							ļ	
(3)								
(4)								
(5)	· · · · · · · · · · · · · · · · · · ·							
(6)								

2,639,589

3,166,214

(7) (8) (9) (10)

Totals