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Form 990

OMB No. 1545-0017

990

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning		July 1	, 2008, and ending	June 30	, 2009
B Check if applicable.		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Habitat for Humanity of Missoula, Inc. Doing Business As		81 0467791	
		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number	
		P.O. Box 7181		(406) 549-8210	
		City or town, state or country, and ZIP + 4		F Gross receipts \$ 841,109.06	
		Missoula, MT 59807-7181			
		F Name and address of principal officer: Frankie McBurney Olson, same as C above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ► 8545	
J Website: ► www.habitatmsla.org					
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1991		M State of legal domicile: MT	

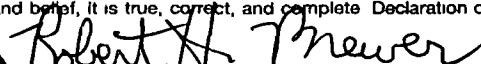
Part I Summary

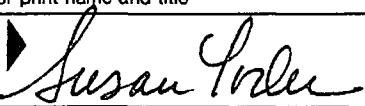
1 Briefly describe the organization's mission or most significant activities:
To create affordable housing for low-income families. Constructed three single-family homes
using more than 550 volunteers working over 16,000 hours.

Activities & Governance	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	3	19
	3 Number of voting members of the governing body (Part VI, line 1a)	4	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	5
	5 Total number of employees (Part V, line 2a)	6	550
	6 Total number of volunteers (estimate if necessary)	7a	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7b	0
	b Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	430,259.20	355,304.47
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	459,435.11	453,761.44
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,220.31	7,659.22
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,071.75	14,761.26
		914,986.37	831,486.39
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,295.25	8,810.39
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	69,545.32	74,287.44
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	653,277.68	708,264.48
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	743,118.25	791,362.31
	19 Revenue less expenses. Subtract line 18 from line 12	171,868.12	40,124.08
Net Assets or Fund Balances	Beginning of Year	End of Year	
	20 Total assets (Part X, line 16)	1,242,675.74	1,319,401.53
21 Total liabilities (Part X, line 26)	58,435.12	79,081.83	
22 Net assets or fund balances. Subtract line 21 from line 20	1,184,240.62	1,240,319.70	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► 	13-31-10
	Signature of officer	Date
	► ROBERT H. BREWER	
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self- employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
		3/31/10		262-98-4867
	Firm's name (or yours if self-employed), address, and ZIP + 4	Susan B. Toder 7701 Pinehill Court, Missoula, MT 59808	EIN ►	
			Phone no ► (406)	531-7056

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

G9

Part IX Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:

Habitat for Humanity of Missoula is a nonprofit, ecumenical, Christian housing ministry dedicated to the elimination of poverty housing in our community and throughout the world.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **482,427.40** including grants of \$) (Revenue \$ **394,895.00**)

CONSTRUCTION COSTS: Habitat Missoula constructed three homes during the fiscal year, our 39th, 40th, and 41st homes since the our organization was formed in 1991. Construction costs include purchased materials, donated materials, purchased professional services, and the cost of a site supervisor. Construction costs do not include donated labor from more than 500 volunteers working onsite during the construction season. The offsetting revenue is from the sale of the homes to three low-income families. Second mortgages, which represent the difference between the cost of homes and the fair market value, are not included in the house sale revenue. As the second mortgages are contingent receivables, FAS 5, #83 requires that the second mortgages are recorded only if and when they become collectible. The value of the three "silent" mortgages was \$153,151.62 at closing. If the partner families hold onto the homes long enough, the silent mortgages will be forgiven.

4b (Code:) (Expenses \$ **133,978.01** including grants of \$) (Revenue \$ **53,776.41**)

MORTGAGE DISCOUNT EXPENSE: Our low-income partner families are able to afford our homes primarily because we charge no interest on our mortgages. As we are loaning money below the market rate, there is an economic cost to our organization. According to Accounting Principles Board 21, an allowance is created by discounting the mortgages based upon the current market interest rate of similar mortgages at the time of closing. The mortgage receivable discounts are amortized over the life of the mortgages. The \$133,978.01 represents the discounts created from the sale of the three homes constructed during the fiscal year. The revenue of \$53,776.41 is the amount of the discount amortization on all of our mortgages for the fiscal year.

4c (Code:) (Expenses \$ **30,719.89** including grants of \$) (Revenue \$)

YOUTH COURT: Habitat Missoula has partnered with the Missoula Youth Court to give at-risk youth a chance to give back to the community and provide volunteer hours on Habitat homes. We provide the only local self-help program that promotes low-income families and community volunteers to work together to help create affordable housing in Missoula. Increasing the involvement of youth in our volunteer program achieves a healthy and vibrant multigenerational volunteer base. Our partnership with Missoula Youth Court meets their needs by attempting to lower the number of re-offending youth by connecting them to the community through volunteer activity, by making offending youth accountable for their actions through community services, and by increasing the competency of offending youth by giving them an opportunity to develop personal, vocational, and educational goals, while learning job and life skills and the importance of community involvement. During the fiscal year, we had 30 volunteers from the Missoula Youth Court contributing 937 hours of volunteer labor.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **80,069.97** including grants of \$ **8,810.39**) (Revenue \$ **5,090.03**)

4e Total program service expenses ► \$ **727,195.27** (Must equal Part IX, Line 25, column (B).)

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," complete Schedule A	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		✓
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		✓
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		✓
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		✓
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		✓
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		✓
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		✓
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		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		✓
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 24b-24d and complete Schedule K. If "No," go to question 25.		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
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		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		✓
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		✓
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		✓

Part 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:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	✓
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
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	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓
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	✓
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	✓
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 VI	37	✓

Part V Statements Regarding Other IRS Filings 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	1a	14
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
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	5
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
5c		5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).	7a	✓
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	✓
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12.	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

Section 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.		
1a	19	
1b	19	
2		✓
3		✓
4		✓
5		✓
6		✓
7a		✓
7b		✓
8a	✓	
8b	✓	
9a		✓
9b		
10		✓
11		✓

Section B. Policies

	Yes	No
12a	✓	
b		
c		
13		
14		
15		
a		
b		
16a		
b		
16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►None	
18	Section 6104 requires an organization to make its Forms 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.	
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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: ► Susan B. Toder, 7701 Pinehill Court, Missoula, MT 59808, (406) 531-7056	

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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
Cindy Bartling Director	2	✓					0	0	0
Pat Boyle Director	2	✓					0	0	0
John Drake Director	2	✓					0	0	0
Laure Pengelly Drake Director	2	✓					0	0	0
Rob Fleming Director	2	✓					0	0	0
Kim Kaufman Director	2	✓					0	0	0
Cindy Klette Director	2	✓					0	0	0
Gerhardt Knudsen Director	2	✓					0	0	0
Spencer MacDonald Director	2	✓					0	0	0
Jake Pilling Director	2	✓					0	0	0
Curtis Privette Director	2	✓					0	0	0
Lynn Schwanke Director	2	✓					0	0	0
Julie Sirrs Director	2	✓					0	0	0
Becky Weaver Director	2	✓					0	0	0
Alexis Willey Director	2	✓					0	0	0
Bob Brewer Vice President	3	✓	✓				0	0	0
Gay Peterson Treasurer	10	✓	✓				0	0	0

Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Compensation from the organization		
	(A) Name and business address	(B) Description of services
(C) Compensation		
None		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► None		

Part VIII. Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
Contributions, gifts, grants and other similar amounts						
1a Federated campaigns	1a	12,759.03				
b Membership dues	1b	0.00				
c Fundraising events	1c	44,098.75				
d Related organizations	1d	0.00				
e Government grants (contributions)	1e	23,392.23				
f All other contributions, gifts, grants, and similar amounts not included above	1f	275,054.46				
g Noncash contributions included in lines 1a-1f: \$		103,408.35				
h Total. Add lines 1a-1f			355,304.47			
Program Service Revenue						
		Business Code				
2a House Sales		236000	394,895.00			
b Mortgage Discount Amort.		525990	53,776.41			
c Administrative Income		561000	5,090.03			
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			453,761.44			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			7,659.22			
4 Income from investment of tax-exempt bond proceeds			0.00			
5 Royalties			0.00			
6a Gross Rents	(i) Real	(ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)			0.00			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)			0.00			
8a Gross income from fundraising events (not including \$ 44,098.75 of contributions reported on line 1c). See Part IV, line 18	a	24,383.93				
b Less: direct expenses	b	9,622.67				
c Net income or (loss) from fundraising events			14,761.26			
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities			0.00			
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory			0.00			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			0.00			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			831,486.39			

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,810.39	8,810.39		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, 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, trustees, and key employees	43,632.94	20,507.48	12,653.55	10,471.91
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,908.74	13,627.98	4,064.49	6,216.27
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,745.76	3,406.10	1,673.56	1,666.10
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,833.75	7,441.86	4,591.79	3,800.10
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	9,258.77	4,351.63	2,685.04	2,222.10
13 Office expenses	6,267.48	2,665.87	1,970.69	1,630.92
14 Information technology				
15 Royalties				
16 Occupancy	4,470.00	2,100.90	1,296.30	1,072.80
17 Travel	190.89	190.89	0.00	0.00
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	342.00	160.74	99.18	82.08
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,734.43	2,342.66	214.37	177.40
23 Insurance	1,555.00	730.85	450.95	373.20
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 See attached list	667,612.16	660,857.92	3,145.78	3,608.46
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	791,362.31	727,195.27	32,845.70	31,321.34
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	25,111.39	1	33,208.38
	2 Savings and temporary cash investments	218,796.03	2	253,998.74
	3 Pledges and grants receivable, net	3		
	4 Accounts receivable, net	214.06	4	2,405.88
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	6		
	7 Notes and loans receivable, net	454,902.21	7	523,024.37
	8 Inventories for sale or use	333,531.50	8	482,750.82
	9 Prepaid expenses and deferred charges	2,376.78	9	12,676.50
	10a Land, buildings, and equipment: cost basis	10a	24,582.65	
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	13,245.81	7,743.77
				10c
				11,336.84
	11 Investments—publicly traded securities	200,000.00	11	
	12 Investments—other securities. See Part IV, line 11	12		
	13 Investments—program-related. See Part IV, line 11	13		
	14 Intangible assets	14		
	15 Other assets. See Part IV, line 11	15		
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,242,675.74	16	1,319,401.53
Liabilities	17 Accounts payable and accrued expenses	24,117.08	17	43,184.35
	18 Grants payable	18		
	19 Deferred revenue	29,011.71	19	30,042.68
	20 Tax-exempt bond liabilities	20		
	21 Escrow account liability. Complete Part IV of Schedule D	21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22		
	23 Secured mortgages and notes payable to unrelated third parties	3,806.33	23	2,954.80
	24 Unsecured notes and loans payable	24		
	25 Other liabilities. Complete Part X of Schedule D	1,500.00	25	2,900.00
	26 Total liabilities. Add lines 17 through 25	58,435.12	26	79,081.83
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,184,240.62	27	1,240,319.70
	28 Temporarily restricted net assets	28		
	29 Permanently restricted net assets	29		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	30		
	31 Paid-in or capital surplus, or land, building, or equipment fund	31		
	32 Retained earnings, endowment, accumulated income, or other funds	32		
	33 Total net assets or fund balances	1,184,240.62	33	1,240,319.70
	34 Total liabilities and net assets/fund balances	1,242,675.74	34	1,319,401.53

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: Cash Accrual Other

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	205,089.88	176,383.00	276,807.73	430,259.20	355,304.47	1,443,844.28
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	205,089.88	176,383.00	276,807.73	430,259.20	355,304.47	1,443,844.28
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						432,795.23
6 Public support. Subtract line 5 from line 4.						1,011,049.05

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	205,089.88	176,383.00	276,807.73	430,259.20	355,304.47	1,443,844.28
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		401.44	681.46	10,953.85	15,220.31	7,659.22
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						1,478,760.56
12 Gross receipts from related activities, etc. (see instructions)					12	3,560,403.00
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	68.4 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	66.3 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

Habitat for Humanity of Missoula, Inc.

Employer identification number
81 0467791► 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.**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 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?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 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.	
a Total number of conservation easements	Held at the End of the Year
2a	
2b	
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
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:
a Revenues included in Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition d Loan or exchange programs
 b Scholarly research e Other _____
 c Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
 b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► %
 b Permanent endowment ► %
 c Term endowment ► %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	24,582.65	13,245.81		11,336.34
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ►

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products .		
Closely-held equity interests		
Other		
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Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

Total (Column (b) should equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Down payments and prepaid mortgages	2,900.00

In Part XIV, provide the text of the footnotes to the

2,900.00

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	1	831,486.39
2	2	791,362.31
3	3	40,124.08
4	4	
5	5	21,566.70
6	6	
7	7	
8	8	(8,240.52)
9	9	13,326.18
10	10	53,450.26

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	1	859,243.89
2		
a	2a	
b	2b	21,566.70
c	2c	
d	2d	6,190.80
e	2e	27,757.50
3	3	831,486.39
4		
a	4a	
b	4b	
c	4c	0.00
5	5	831,486.39

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	1	805,793.63
2		
a	2a	10,500.00
b	2b	
c	2c	
d	2d	3,931.32
e	2e	14,431.32
3	3	791,362.31
4		
a	4a	
b	4b	
c	4c	0.00
5	5	791,362.31

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XI, Line 8: The Form 990 does not include consolidated revenue of \$6,190.80 and expenses of \$3,931.32 from the Partnership Condo Assn. or \$10,500 of donated legal expenses for Habitat \$6,190.80-\$3,931.32-\$10,500=(\$8,240.52).

Part XII, Line 2D: Condo Association revenue of \$6,190.80

Part XIII, Line 2D: Condo Association expense of \$3,931.32

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization

Employer identification number

Habitat for Humanity of Missoula, Inc.

81

0467791

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations **e** Solicitation of non-government grants
b Email solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Montana

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 Messiah concert (event type)	(b) Event #2 Neighbor Build (event type)	(c) Other Events Two (total number)	(d) Total Events (Add col (a) through col (c))
Revenue				
1 Gross receipts . . .	22,893.08	44,098.75	1,490.85	68,482.68
2 Less: Charitable contributions . . .	0.00	44,098.75		44,098.75
3 Gross revenue (line 1 minus line 2) . . .	22,893.08	0.00	1,490.85	24,383.93
Direct Expenses				
4 Cash prizes . . .				
5 Non-cash prizes . . .	3,783.64			3,783.64
6 Rent/facility costs . . .	2,551.50			2,551.50
7 Other direct expenses . . .	1,320.14	1,889.71	77.68	3,287.53
8 Direct expense summary. Add lines 4 through 7 in column (d)				► (9,622.67)
9 Net income summary. Combine lines 3 and 8 in column (d)				► 14,761.26

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Revenue				
1 Gross revenue . . .				
Direct Expenses				
2 Cash prizes . . .				
3 Non-cash prizes . . .				
4 Rent/facility costs . . .				
5 Other direct expenses . . .				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				►

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		
	9a	
	10a	
	11	
	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%	Yes	No
13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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 ► \$ _____

15a

17a

**SCHEDULE I
(Form 990)**OMB No. 1545-0047
2008Department of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.Open to Public
Inspection

Name of the organization

Habitat for Humanity of Missoula, Inc.

Name of the organization

Habitat for Humanity of Missoula, Inc. Employer Identification number
81 0467791**Part I General Information on Grants and Assistance**1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Habitat for Humanity Int'l., Inc., Americus, Georgia	91-1914868		8,810.39				voluntary award

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

► 1

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Cat. No. 50055P

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

Part IV Supplemental Information. Complete this Part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization

Habitat for Humanity of Missoula, Inc.

Employer identification number

81 0466791

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	✓	1	4,700.00	Opinion of expert
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential	✓	3	35,856.32	sale of comparable prop.
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (. Advert/Printing)	✓	13	4,546.87	replacement cost
26 Other ► (. Construct Mtls)	✓	43	50,454.97	replacement cost
27 Other ► (. Office Equip)	✓	7	2,209.93	replacement cost
28 Other ► (. Prizes, gift certs)	✓	60	5,640.26	replacement cost
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

- | | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | ✓ |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | ✓ |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | ✓ |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

Habitat for Humanity of Missoula, Inc.

Employer identification number

81

0467791**PART III, LINE 4D: Other Program Service expenses of \$80,069.97 including \$8,810.39 of grants and Other Program****Service Revenue of \$5,090.03, consisting of the following:**

Expenses: Payroll and payroll taxes \$37,541.56, accounting and auditing services \$7,441.86, advertising and promotion \$4,351.63, office expenses \$2,665.87, occupancy \$2,100.90, travel \$190.89, conferences and meetings \$160.74, depreciation \$2,342.66, insurance \$730.85, construction loan discount amortization \$300.47, dues and subscriptions \$746.57, licenses \$7.05, meals and entertainment \$36.29, other mission specific costs \$8,397.00 (program committees), postage and shipping \$862.57, printing and publications \$2,296.88, telephone \$1,085.79, and a voluntary award to Habitat International of \$8,810.39, for a total of \$80,069.97.

Revenue: Administrative Income of \$5,090.03. Administrative income is the result of the amortization of a small administrative fee charged to partner families, amortized over the life of their mortgage.

PART VI, SECTION A. GOVERNING BODY AND MANAGEMENT, LINE 10 - PROCESS TO REVIEW FORM 990: The Form 990 is based upon the audited financial statements, which have been presented by the auditors to the Board of Directors and accepted by a vote of the Board. The accountant then prepares the Form 990 from the audited financials and presents the tax return to the auditors for review. Once the auditor and accountant agree on the presentation of the Form 990, the current Treasurer signs the Form 990 and it is submitted to the Internal Revenue Service. The completed Form 990 is available for review on Habitat's website and in paper format by the Board or general public.

PART VI, SECTION B. POLICIES, LINE 12C - PROCESS TO MONITOR AND ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY: Our conflict of interest policy provides guidance as to the nature of conflicts of interest and the policy is applied to all directors, officers, committee members, and employees. Conflict of interest statements are completed annually and reviewed by the Board of Directors. Possible conflicts of interest are investigated by the Board of Directors and the potential interested person may make a presentation at the monthly Board meeting. If further investigation is warranted, a disinterested person or committee will be appointed to investigate the circumstances. After exercising due diligence, the Board will determine whether the arrangement or transaction represents a conflict of interest, with a majority vote of the Board less any interested Board members. If a conflict of interest is determined to exist, the Board

Name of the organization

Habitat for Humanity of Missoula, Inc.

Employer identification number

81 0467791**will take appropriate disciplinary and corrective action.****PART VI, SECTION B. POLICIES, LINE 15, PROCESS FOR DETERMINING COMPENSATION OF OFFICERS, DIRECTORS,****EXECUTIVE DIRECTOR, KEY EMPLOYEES:** Habitat Missoula's Board of Directors and Officers serve without

compensation. The Executive Director is the only key employee. Compensation is determined based upon compensation reviews of Executive Director positions at similar nonprofit organizations in Western Montana, and the initial hiring and compensation and subsequent raises are approved by the Board of Directors. Board minutes include all actions brought before the board in its monthly meetings, including votes on personnel issues such as compensation and performance.

PART VI, SECTION C. DISCLOSURE, LINE 19, HOW GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC. Habitat Missoula's current bylaws, conflict of interest policy, and at least 3 years of audited financial statements and tax returns are made available to the public through their website, www.habitatmsla.org.

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

See separate instructions.

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Name of the organization

Name of the organization **Habitat for Humanity of Missoula Inc**

Part I Identification of Disregarded Entities

Part II Identification of Related Tax-Exempt Organizations

Part III Identification of Related Organizations Taxable as a Partnership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Partnership- Condominium Homeowners- Assn, Inc.	HOA	Montana	N/A	C corp	N/A	N/A	N/A
P.O. Box 7181	Missoula, Montana 59807-7181						

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
- | (A)
Name of other organization(s) | (B)
Transaction type (a-r) | (C)
Amount involved |
|--------------------------------------|-------------------------------|------------------------|
| HOA dues | | 1,614.80 |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)			
Type or print	Name of Exempt Organization Habitat for Humanity of Missoula, Inc.	Employer identification number 81 0467791	
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O. box, see instructions P.O. Box 7181	For IRS use only	
	City, town or post office, state and ZIP code. For a foreign address, see instructions Missoula, MT 59807-7181		

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

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

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

- The books are in the care of ➤ **Susan B. Toder**
Telephone No ➤ **(406) 531-7056** FAX No ➤ **(388) 415-5980**
- If the organization does not have an office or place of business in the United States, check this box ➤
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ➤ If it is for part of the group, check this box ➤ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **May 15**, 2010.
 - 5 For calendar year **2008**, or other tax year beginning **July 1**, 2008, and ending **June 30**, 2009.
 - 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
 - 7 State in detail why you need the extension **pending auditor's review and issuance of financial statements**
-
-

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ 0

Signature and Verification

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

Signature ➤ Patti Barger

Title ➤ **Treasurer**

Date ➤ **2/3/10**

Form 8868 (Rev. 4-2009)

Form 8868

(Rev. April 2009)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 3868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 3868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 3870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 3868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization Habitat for Humanity of Missoula, Inc.	Employer identification number 31 0467791
File by the due date for filing your return. See instructions	Number, street and room or suite no. If a P O box, see instructions P.O. Box 7181	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Missoula, MT 59807-7181	

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

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

- The books are in the care of ► **Susan B. Toder**

Telephone No. ► **(406) 531-7056** FAX No. ► **(388) 415-3980**

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- calendar year 20_____ or
 - tax year beginning **July 1, 2008**, and ending **June 30, 2009**

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 3868, see Form 3453-EO and Form 8879-EO for payment instructions.

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

Cat. No. 17916D

Form 3868 (Rev. 4-2009)

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

Part II Additional (Not Automatic) 3-Month Extension or Time. Only file the original (no copies needed).			
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

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

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

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

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

- I request an additional 3-month extension of time until 20
- For calendar year , or other tax year beginning , 20th, and ending , 20th
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension

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

Signature and Verification

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

Signature

Title Treasurer

Date 10/29/09

Form 3868 (Rev. 4-2009)

Habitat for Humanity of Missoula, Inc.

EIN #81-0467791

2008 Form 990

Part IX Statement of Functional Expenses**Line 24 All Other Expenses**

	Total	Program	Mgmt/Gen	Fundraising
Bank Fees	138.76	0.00	39.00	99.76
Construction Costs	482,427.40	482,427.40		
Construction Loan Discount Amortization	300.47	300.47		
Dues and Subscriptions	1,588.43	746.57	460.64	381.22
Licenses	15.00	7.05	4.35	3.60
Meals and Entertainment	77.23	36.29	22.40	18.54
Mortgage Discount Expense	133,978.01	133,978.01		
Other Mission Specific Costs	8,397.00	8,397.00		
Postage and Shipping	2,513.32	862.57	532.23	1,118.52
Printing and Publications	5,146.47	2,296.88	1,417.21	1,432.38
Telephone	2,310.18	1,085.79	669.95	554.44
Youth Court Expenses	30,719.89	30,719.89		
TOTAL	667,612.16	660,857.92	3,145.78	3,608.46