

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



F 01/2 000 (2000)	ΠΑΠΤΠΑΓ	FOR	HIMANTTV	OF	MONROE	CO.T	35-1753977	

Page	2

Part III	Statement of	of Program	Service	Accomplish	ıments

1 Briefly describe the organization's mission

See Schedule O

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
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	
F	(Code)(Expenses \$ 1,351,470 including grants of \$ 30,000) (Revenue \$ Provide residential housing for low income families who have been residents of Monroe County and adjacent counties for at least one year at a cost they can afford.	
F	(Code)(Expenses \$ 208,393 including grants of \$ 50,000) (Revenue \$ Restore - Donated building materials are sold to the general public.	
	e godenne i de la companya de la co	

551 including grants of \$

4d Other program services (Describe in Schedule O)

) (Expenses \$

Education and public awareness.

Expenses \$ 118,568 including grants of \$

4e Total program service expenses ► 1,678,982

) (Revenue \$

) (Revenue \$

4c (Code

ADIMO

Page 3

	One chilst of Required Ocheanies	_		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	}	X
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 similar funds or 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		X
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		X
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	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	** *	#	<u></u>
	Schedule D, Parts XI, XII, and XIII	12	Х	<u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			٠,,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	446		w
4 E	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		.
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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	46		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
' '	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	<u> </u>	
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- '' -		 ^
. •	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	 	X
	2		990	(2009)
				~

_ <u>Pa</u>	int W Checklist of Required Schedules (continued)			
	1		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	i l		
	United States 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, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	i		
	employees? 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 lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? 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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	}	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
b	and the second s			
U	Schedule L, Part IV	28b		x
С		200		
·	family member) was an officer, director, trustee, or direct or indirect owner? 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	х	
30				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	x
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ļ	
31		31	į	X
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	13,	1	
32		32		x
22	Schedule N, Part II	- 32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	Ì	x
	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,	34	Į.	X
	III, IV, and V, line 1	- 34	 	1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ء ا		x
	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	┼	X
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	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Form 990 (2009) HABITAT FOR HUMANITY OF MONROE CO, I 35-1753977

<u>Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance					
			ı		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					i
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	e			
	gaming (gambling) winnings to prize winners?	()	1	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1.6			İ
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	16		x	İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	^	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
_	instructions)	، خالت				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ea by		20		х
	this return?			3a 3b		-
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other	author	itv	30		
4a						1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial)?	ianciai	•	4a		x
h	If "Yes," enter the name of the foreign country			70	-	<u> </u>
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				İ
	and Financial Accounts	Junk				l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>x</u>
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re					
-	Prohibited Tax Shelter Transaction?	, ,		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or			{	
	gifts were not tax deductible?			6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?	ı	İ	7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		{		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	سپيد ميد اهريم دورو د سياد al		-	_
	benefit contract?			7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7 <u>g</u>		├──
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	C as		76		
•	required?			7h		\vdash
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	j		8	1	
•	organization, have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	 	
10	Section 501(c)(7) organizations. Enter			·	1	\vdash
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter		<u> </u>	1	1	
'' a	Gross income from members or shareholders	11a	1			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
~	amounts due or received from them)	11b				
12a	·			12a	1_	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				For	m 99((2009)

Form 990 (2009) HABITAT FOR HUMANITY OF MONROE CO, I 35-1753977

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
		······	Yes	No
1a	Enter the number of voting members of the governing body 1a 11			
b	Enter the number of voting members that are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
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	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		ŀ	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Design the second of the secon			
	describe in Schedule O how this is done.	12c	_X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
h	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1		
16a				
···u	with a taxable entity during the year?	16a	1	x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1.55		
b	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	1	
Soc	ction C. Disclosure		<u> </u>	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed IN			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
18				
	available for public inspection. Indicate how you make these available. Check all that apply Own website. X Another's website. X Upon request.			
40				
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			
τ.	organization > Habitat for Humanity of Monroe Co 213 E Kirkwood In 47408	812-33	11 - 4	1060
			,	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

X Check this box if the organization (A)	(B)	Ì		((C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
John Ambler		х						0	0	0
Barb Bichelmeyer		х						0	0	0
Doug Booher		x						0	0	0
Michelle McCormic	k	x						0	0	0
Aaron Stolberg		x						0	0	0
Sean Fick		x		-					0	0
Angie Lucas		x						0	0	0
Gracia Vallant		x						0	0	0
Eileen Savage President				x				0	0	0
Beth Ellis Vice-Pres				x				0	0	0
Angela Tharp Secretary				х	_	_		0	0	0
Susan Cote Treasurer				x	_			0	0	0
			-		-		-			
			_	 			_			

orm 990 (2009). HABIT	CAT FOR	HUMANITY	OF	MONROE	CO,I	35-1753977
-----------------------	---------	----------	----	--------	------	------------

Pàrt VII	(A) me ar-d Title	(B) Average hours per	Posi	tion (i	(C		hat a	oply)	d Highest Compensated (D) Reportable compensation	(E) Reportable compensation		(F) stimated	
		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)	com fr org and	other pensation om the anization d related anizations	
						_	_						
						_							
							ļ						
		_					ļ			,			
			_			_	-	_					
1b Total								<u> </u>	<u></u>	4400.000		 .	
	imber of individuals (in ole compensation from	-			tnos	ie lis	ited a	ibov	ve) who received more than	\$100,000 in ፡ኤ •፡፡ ማመመነ ጉ <u>አይ፣ - ኦ -</u>			- •
employ 4 For any	ee on line 1a? If "Yes," individual listed on line anization and related o	complete Sche	dule of re	J for	suc able	h ind	dividi ipen:	ual satio	oyee, or highest compensation and other compensations," complete Schedule J fo	from		3 4	x X
5 Did any service	person listed on line 1 s rendered to the organ	nization? If "Yes							ny unrelated organization for such person	or		5	х
1 Comple	ndependent Contract te this table for your finds the organics	ve highest comp	ensa	ted i	nde	pend	dent	cont	ractors that received more	than \$100,000 of	···········		
		(A) business address							Descrip	(B) otion of services		(C Comper) isation
													_
								\vdash					
													
	umber of independent ian \$100,000 in compe		_				ed to	the	ose listed above) who receiv	ved		0 Form 9 \$	20 (222

	,	ŗ	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated cam	paigns	1a						
b	Membership du	ies	1b						
	Fundraising ev		1c						
	Related organia	i i	1d						
	Government grants (1e		536,939				
_	All other contributions	•	"		330,733				
•	and similar amounts		1f		686,499				
_				 \$	121,936				,
•	Noncash contribution		-11	Þ	121,930	1,223,438			
<u>n</u>	Total. Add line	s ia-ii				1,223,436			
_					Busn Code	655.000	657 000		
2a		r transfers				657,888	657,888		10 50
b	Misc inc	ome				18,529			18,52
С	Utility	/credit car	d reb	ates	ļ	2,796			2,79
d	Grocery	conbous com	missi	on		205			20
е							ı		
f	All other progra	ım service reve	nue		<u> </u>				
g	Total. Add line	s 2a-2f			>	679,418			
3	Investment inc	ome (including	dıvıder	nds, inter	est, and				
	other similar ar	nounts)			•	2,995			2,99
4	Income from in		(-exem	pt bond r	roceeds ►				
5	Royalties			, ,	•				
•	[(ı) Real		(u)	Personal		,		
62	Gross Rents		,872	(,	- Crosman				
	F 1		, 0 / 2						
	Less rental exps		,872						
	Rental inc or (loss)		, 0 / 2			2 072			2 07
d 7a	Net rental inco				>	2,872			2,87
	sales of assets	(i) Securities	s 	(11) Other				
	other than inventory								
b	Less cost or other								
	basis & sales exps			ļ	1,510				
С	Gain or (loss)				-1,510			N.	
d	Net gain or (los	s)			•	-1,510	-1,510		
8a	Gross income fro	m fundraising eve	nts.				يارم مموسات المستودات	, 44 th 40 th	1 1 3
	(not including \$						-		1
	of contributions re	eported on line 1c)			Į	,		
	See Part IV, line		a			-			
b	Less direct ex		ь						
	Net income or			events	•				,
	Gross income fro								
	See Part IV, line		a			ļ			
h			b			Ī			
U	Less direct ex			<u> </u>					
	Net income or			tivities					
С	O! '				221	ļ			
С	Gross sales of		а		221,629				
с 10а	returns and allo					į.			
c 10a b	returns and allo Less cost of g	oods sold	b						
c 10a b	returns and allo Less cost of g Net income or	oods sold (loss) from sale	s of in	ventory	•	221,629			221,62
c 10a b	returns and allo Less cost of g Net income or	oods sold	s of in	ventory	Busn. Code	221,629			221,62
c 10a b	returns and allo Less cost of g Net income or	oods sold (loss) from sale	s of in	ventory	Busn. Code	221,629			221,62
c 10a b c	returns and allo Less cost of g Net income or	oods sold (loss) from sale	s of in	ventory	Busn. Code	221,629			221,62
t 10a b c 11a	returns and allo Less cost of g Net income or	oods sold (loss) from sale	s of in	ventory	Busn. Code	221,629			221,62
t 10a b c 11a b c	returns and allo Less cost of g Net income or Misce	oods sold (loss) from sale llaneous Revenue	s of in	ventory	Busn. Code	221,629			221,62
t table tabl	returns and allo Less cost of g Net income or Misce	oods sold (loss) from sale llaneous Revenue	s of in	ventory	Busn. Code	221,629			221,62

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).

	All other organizations must co	mplete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			CAPONOCO	general expenses	
•	organizations in the U.S. See Part IV, line 21	80,000	80,000		
2	Grants and other assistance to individuals in	30,000	30,000		
-	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				
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	445,613	387,315	24,005	34,293
8	Pension plan contributions (include section 401(k)	110,010		<u> </u>	
•	and section 403(b) employer contributions)				
9	Other employee benefits	15,245	12,856	984	1,405
10	Payroli taxes	33,598	27,886	2,352	3,360
11	Fees for services (non-employees)	22,220			
	Management				
b	Legal				
	Accounting	9,189	5,439	3,750	
	Lobbying		<u> </u>		
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	55,919	39,702	3,475	12,742
12	Advertising and promotion				
13	Office expenses	3,701	3,379	154	168
14	Information technology	10,257	3,896	5,971	390
15	Royalties				
16	Occupancy	25,162	14,370	3,662	7,130
17	Travel	14,048	11,912	. 2,136	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,850	8,850		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,822	15,633	1,313	1,876
23	Insurance	19,509	12,681	6,828	
-	F		,	· · · · · · · · · · · · · · · · · · ·	
24	Other expenses Itemize expenses not			Į.	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Costs of Homes Sold	858,070	858,070		
b	In kind donations	118,568	118,568		
С	Mortage services	24,649	24,649		
d	Miscellaneous	10,831	10,831		
е	Advertising	6,983	6,983		
f	All other expenses	43,018	35,962	5,878	1,178
25	.	1,802,032	1,678,982	60,508	62,542
26					
DAA			-		Form 990 (2009)

Form 990 (2009) HABITAT FOR HUMANITY OF MONROE CO, I 35-1753977

	art X		F MONKOE	CO/1 33			rage ri
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			493,931	1	487,878
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors,	trustees, key				
		employees, and highest compensated employees Com					
		Schedule L	•			5	
	6	Receivables from other disqualified persons (as defined	under section				
		4958(f)(1)) and persons described in section 4958(c)(3)					
		Part II of Schedule L	, , .			6	<u> </u>
Assets	7	Notes and loans receivable, net			1,720,765	7	2,097,178
SS	8	Inventories for sale or use			7,923	8	6,033
4	9	Prepaid expenses and deferred charges			21,412	9	4,579
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	828,161			
	ь	Less accumulated depreciation	10b	64,507	868,278	10c	763,654
	11	Investments—publicly traded securities	·			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 3	4)		3,112,309	16	3,359,322
	17	Accounts payable and accrued expenses			90,182	17	43,791
	18	Grants payable				18	
	19	Deferred revenue		i		19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV	of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trust	ees, key				
Ē		employees, highest compensated employees, and disc	ualified				
Ë	}	persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated this	d parties			23	
	24	Unsecured notes and loans payable to unrelated third p	parties			24	
	25	Other liabilities Complete Part X of Schedule D			253,356	. 25	219,908
	26	Total liabilities. Add-lines 17 through-25			343,538	26	263,699
S		Organizations that follow SFAS 117, check here ▶	X and	-	٠.	-	<i>"</i> 、 、
Š	ŀ	complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			2,768,771	27	3,095,623
ä	28	Temporarily restricted net assets				28	
Fund Balances	29	Permanently restricted net assets				29	
F		Organizations that do not follow SFAS 117, check he	ere 🕨 🗌				,
	1	and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equipme	nt fund			31	
AS	32	Retained earnings, endowment, accumulated income,	or other funds			32	
et	33	Total net assets or fund balances			2,768,771		3,095,623
Z	34	Total liabilities and net assets/fund balances			3,112,309	34	3,359,322

Form **990** (2009)

Form	990 (2009) HABITAT FOR HUMANITY OF MONROE CO, I 35-1753977		Pag	ge 12
	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	temperature and the second sec			1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			i
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	n 990	(2009)

and the second of the second o

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY OF MONROE CO, I

Employer identification number

35-1753977 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated d Type III-Other Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(u) (ii) A family member of a person described in (i) above? 11g(m) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of organization in col (i) tisted in your the organization in rganization in col support (described on lines 1-9 (I) organized in the col (i) of your above or IRC section governing document? support? US? (see instructions)) Yes No Yes Nο Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

HAB3977 10/27/2010 10 45 AM Schedule, A (Form 990 or 990-EZ) 2009 HABITAT FOR HUMANITY OF MONROE CO, I 35-1753977 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2005 (d) 2008 (e) 2009 (f) Total (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 4,473,413 625,538 674,802 1,161,877 787,758 1,223,438 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4,473,413 Total. Add lines 1 through 3 625,538 674,802 1,161,877 787,758 1,223,438 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) Public support. Subtract line 5 from line 4 4,473,413 Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 1,161,877 7 Amounts from line 4 625,538 674,802 787,758 1,223,438 4,473,413 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 1.055 2,472 3.310 5,867 13,817 1,113 sources Net income from unrelated business activities, whether or not the business is regularly carried on

11	Total support. Add lines 7 through 10						4,730,389
12	Gross receipts from related activities, etc	(see instructions)				12	657,888
13	First five years. If the Form 990 is for the	organization's first, second, third, fou	irth, or fifth tax yea	ar as a section 501	(c)(3)		

Section C. Computation of Public Support Percentage

Other income Do not include gain or loss from the sale of capital assets

organization, check this box and stop here

(Explain in Part IV)

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	-			-14	-	94.57%
	Public support percentage from 2008 Schedule A, Part II, line 14	•	-	- :::	-15	:	.99.77%
16a	33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33	1/3 % or	more.	check this be	οx		

and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support test-2008. 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

17a 10%-facts-and-circumstances test-2009. 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

10%-facts-and-circumstances test—2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2009

243,159

243.159

10

	dule A (Form 990 or 990-EZ) 2009 HAB					-1753977	Page 3
Pa	rt III Support Schedule for Or				2)		
	(Complete only if you che	cked the box	<u>on line 9 of Pa</u>	<u>rt I.)</u>			
	tion A. Public Support		,_ 	· · · · · · · · · · · · · · · · · · ·			-
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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					<i></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 through 5				<u></u>		<u> </u>
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 \$5,000 or 1% of the			/			
	amount on line 13 for the year			/			
С	Add lines 7a and 7b			,			<u> </u>
8	Public support (Subtract line 7c from		/	ľ			1
	line 6)				<u> </u>	<u> </u>	<u>.L., .</u>
	tion B. Total Support				T / D 0000	(=) 2000	(f) Tetal
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2008	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		 			<u></u>	-
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						<u>.</u>
С	Add lines 10a and 10b		<u> </u>			-	-
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)						<u></u>
14	First five years. If the Form 990 is for the		st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	. г
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public S						т
15	Public support percentage for 2009 (line 8		-	nn (f))		15	
16	Public support percentage from 2008 Sch					16	%
Sec	tion D. Computation of Investme						7
17	Investment income percentage for 2009 (3, column (f))		17	
18	Investment income percentage from 2008					18	%
19a	33 1/3 % support tests—2009. If the orga	anization did not c	heck the box on lin	ie 14, and line 15 i	s more than 33 1/3	3 %, and line	
b	17 is not more than 33 1/3 %, check this is 33 1/3 % support tests—2008. If the organization	oox and stop here	e. The organization heck a box on line	qualifies as a pub	licly supported org d line 16 is more th	anization nan 33 1/3 %, and	▶ [
_	line 18 is not more than 33 1/3 %, check	his box and stop	here. The organiza	ation qualifies as a	publicly supported	organization	▶ [
20	Private foundation. If the organization di						

Schedule A (Form 990 or 990-EZ) 2009 HABITAT FOR HUMANITY OF MONROE CO, I 35-1753977

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Supplemental Information

Sale of donated merchandise at Restore \$221,629, miscellaneous income \$17,019, utility rebates \$2,796, commissions income grocery coupons \$205 and disposal of capital assets \$1,510.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV. line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 35-1753977 HABITAT FOR HUMANITY OF MONROE CO, I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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) 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year 2a a 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 3 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, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 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 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

Sched	dule D (Form 990) 2009 HABITAT FO	R HUMANITY O	F MONROE	CO,I	35-17	53977	Page 2
	rt III Organizations Maintaining (Collections of Art, I	Historical Trea	sures, c	or Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, chec	k any of the follow	ng that ar	e a significa	int use of its	
а	Public exhibition	d 🗌 Loan o	r exchange prograr	ns			
	Scholarly research	e Other	r exertatige program				
b		⊎ ∐ Ottlei					•
С	Preservation for future generations						
4	Provide a description of the organization's collegant XIV					rpose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	be maintained as part of t	he organization's c	:ollection?		(C) (P) (E	Yes No
Pa	rt IV Escrow and Custodial Arrar	ngements. Complet	e if the organiz	zation a	nswered	"Yes" to For	m 990, Part
	IV, line 9, or reported an ame						
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or of	ther asset	s not		п., п.,
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	table				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on For	m 990. Part X. line 21?					Yes No
	If "Yes," explain the arrangement in Part XIV						
	rt V Endowment Funds. Comple	te if organization a	nswered "Yes"	to Forn	1 990, Pa	rt IV, line 10	
		(a) Current year	(b) Prior year		years back	(d) Three years t	
12	Beginning of year balance	(2)	<u> </u>	1			
				 			
	Contributions	····		 			
С	Net investment earnings, gains,			Į			
	and losses			 			
	Grants or scholarships	-		-			
е	Other expenditures for facilities						
	and programs			-			
f	Administrative expenses			···			
g	End of year balance					<u> </u>	
2	Provide the estimated percentage of the year	end balance held as					
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %					-	
С	Term endowment ▶ %						•
3a	Are there endowment funds not in the possess	sion of the organization th	nat are held and ad	ministere	d for the		·
	organization by						Yes No
	(i) unrelated organizations					-	3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	edule R?				3b
4	Describe in Part XIV the intended uses of the	•					
Ps	art VI Investments—Land, Buildi			90. Parl	X. line 1	0.	
	Description of investment	(a) Cost or other basis	(b) Cost or o			cumulated	(d) Book value
	· · · · · · · · · · · · · · · ·	(investment)	basis (othe			reciation	
4.5	Land			7,615			17,615
				, , , , , ,			
	Buildings						
	Leasehold improvements		-		 		
	Equipment	E02 30	0			64,507	438,881
	Other	503,38		· · · · · · · · · · · · · · · · · · ·	<u> </u>	0 4 , 30 /	456,496
Tota	 Add lines 1a through 1e (Column (d) must eq 	juai Form 990, Part X, co	iumn (B), line 10(c))		<u> </u>	430,490

F	ag	е	3

Schedule D (Form 990) 2009 HABITAT FOR HUMANITY Part VII Investments—Other Securities. See Form 99	OF MONROE CO, I	35-1753977	Page 3
(a) Description of security or category	(b) Book value	(c) Method of value	uation
(including name of security)		Cost or end-of-year m	arket value
Financial derivatives			
Closely-held equity interests			
Other			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		······································	·····
Part VIII Investments—Program Related. See Form 9			<u></u>
(a) Description of investment type	(b) Book value	(c) Method of val	luation
(a) Description of investment type	(b) Book value	Cost or end-of-year m	
	- 		
			
		<u> </u>	
			·····
10001 (00101111 (0) 111011 11111 (0) 111111 (0) 111111 (0) 1111111 (0) 1111111 (0) 1111111 (0) 1111111111	>		
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X Other Liabilities. See Form 990, Part X, line	25		
1 (a) Description of liability	(b) Amount	,	
Federal income taxes	,_,		
Notes payable	211,133		
Home deposits	8,775		
nome deposits	0,775		
			,
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	219,908		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the or	ganization's financial statements	that reports the	
organization's liability for uncertain tax positions under FIN 48			

3che	dule D (Form 990) 2009 HABITAT FOR HUMANITY OF MONROE			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Au	dited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,128,842
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,802,032
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	326,810
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	<u>-1</u>
9	Total adjustments (net) Add lines 4 through 8		9	-1
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	326,809
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	turn	····
1	Total revenue, gains, and other support per audited financial statements		1	2,128,842
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	<u>2a</u>]	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,128,842
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	la]	
b	Other (Describe in Part XIV)	\$b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,128,842
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per l	Retur	<u>n</u>
1	Total expenses and losses per audited financial statements		1	1,802,033
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIV)	2d 1		
е	Add lines 2a through 2d		2ө	1
3	Subtract line 2e from line 1		3	1,802,032
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]	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,802,032
Pŧ	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 4, Part IV, lines 1b		
and :	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and 4b Also complete		
this	part to provide any additional information			
_ P	art XI, Line 8 - Reconcilation of Changes	Other		
ъ	ook / Tax Depreciation Difference		•	_1
	DOK I Tax Debieciarion Pilielence		'	
	 -			
Þ	art XIII, Line 2d - Expense Amounts Included	in Financiale	- 0	ther
			_ =	
_B	<pre>pok / Tax Depreciation Difference</pre>		§	1
				
				•

Ą
45
5
010
772
10/2
17
839
₹

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part 1

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

à١	•
١	G
5	Ç
2	0
MB	7
0	

Open to Public Inspection .

> Employer identification number 35-1753977

≗ □

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

HABITAT FOR HUMANITY OF MONROE CO, I

General Information on Grants and Assistance

the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ince?	grant funds	in the United States				X Yes
art II	overnments an	d Organ	izations in the Un	Organizations in the United States. Complete if the organization answered "Yes" to	te if the org	janization ans	wered "Yes" to
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	ecipient that re)) if additional s	ceived n pace is	eived more than \$5,000. ace is needed	Check this box if no	one recipie	nt received m	ore than \$5,000. Use ▶ ☐
1 (a) Name and address of organization or government	(b) E!N	(c) IRC section of applicable	(d) Amount of cash grant	(e) Amount of non-cash (boo assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Habitat for Humanity International 322 W Lamar Street	91-1914868	ſ ^r	000 05				Missions and tithes
for Humanity Inter mar Street GA	91-1914868	e e	30,000				Missions and tithes
						•	
	752 -						
	~ ~~ .						
	-						
2 Enter total number of section 501(c)(3) and government organizations	organizations :						

Schedule I (Form 990) 2009

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

3 Enter total number of other organizations

HAB3977 10/27/2010 10 45 AM

T) I olimpodo?	Schooling Merican soon and HARITAT FOR HIMANITY OF MONROE CO. I 35-1753977	HIMANITY OF	MONROE CO.I 3	5-1753977		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Ise Part IV and Schedule I-1 (Form 990) if additional space is needed	to Individuals in the (Form 990) if additio	e United States. Con	nplete if the organizat	tion answered "Yes" to For	m 990, Part IV, line 22
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
		-				
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the information	on required in Part I,	line 2, and any other additi	onal information.

SCHEDULE M (Form 990)

Noncash Contributions

2009 Open To Put

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HIMANITY OF MONROE CO.I

Employer identification number 35-1753977

Pa	rt I Types of Property	010 110	ALL OF IT					
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	(d) d 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							
7	Boats and planes							
8	Intellectual property	, 			<u>.</u>			
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests		·			-		
12	Securities—Miscellaneous					<u> </u>		
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation				•			
	contribution—Other					 		
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other		 					
18	Collectibles	-				·		
19	Food inventory							
20	Drugs and medical supplies		<u> </u>					
21 22	Taxidermy							
23	Historical artifacts	 						
23 24	Scientific specimens Archeological artifacts							
25	Other > (Bldg materials)	x	2	121,936	FMV			
26	Other ►(121/330				
27	Other ►()	ļ —				·		
28	Other ►(<u> </u>						
29	Number of Forms 8283 received by	the organi	zation during the tax vea	r for contributions for				
	which the organization completed Fe				29			
		0_00,		g			Yes	No
30a	During the year, did the organization	receive b	v contribution any prope	rty reported in Part I, lines	1-28 that			
	it must hold for at least three years		•					ĺ
	used for exempt purposes for the er			•		30a	l	х
b	If "Yes," describe the arrangement is		5 F					
31	Does the organization have a gift ac		policy that requires the r	eview of any non-standard				ĺ
	contributions?		•	-		31]	x
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash			
	contributions?		5 -			32a		X
b	If "Yes," describe in Part II							
33	If the organization did not report rev	enues in c	olumn (c) for a type of p	roperty for which column (a	ı) ıs checked,		ļ	
	describe in Part II							

SCHEDULE Q (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF MONROE CO, I

Employer identification number 35 – 1753977

Form 990 - Organization's Mission or Most Significant Activities
Habitat for Humanity of Monroe County, Inc. (HFH) is a not-for-profit
Indiana Corporation with the purpose of providing residential
housing for low income families who have been residents of Monroe County
and adjacent counties for at least one year at a cost they can afford.
Families who purchase homes are identified by the Family Selection
Committee who uses predetermined criteria which does not consider race,
gender, nationality, age, handicap, religion, marital status or source of
personal income. An approved applicant must provide 250 hours of "sweat
equity", maintain the home as required by the mortgage contract, and
participate in HFH's nurturing program which provides education and
counseling.

HFH homes are sold at a predetermined price which is below cost, and HFH provides and services no-interest mortgages to the home buyers. For accounting purposes, the mortgages are discounted using an imputed interest rate of 8%. The discounts are amortized on a straight line basis over the life of the mortgage.

Form 990, Part I, Line 6

Volunteers work on the construction sites, prepare food for construction volunteers, office duties, committees, and at ReStore.

Form 990, Part III, Line 4d - All Other Achievements
In kind donations of building materials

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Board nominations come from nominating committee which is the same members

as the executive committee with elections on a rolling basis of three (3)

year terms with the option to serve a second consecutive term. After six

(6) continuous years of board service the member can seek reappointment

after one year off the board.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

The board of directors vote on matters of importance and significance at their meetings.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The tax return was available for the board of directors and senior staff for review and comment prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The board of directors reviews the policies annually or more frequently if needed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The board of directors annually reviews the salary and benefits of the executive director. They utilize comparable data for similiar exempt organizations in relation to payroll, website industry statistics, and historical data to assist in their decision.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The board of directors annually reviews the salary and benefits of the

Page 2

Name of the organization

HABITAT FOR HUMANITY OF MONROE CO, I

Employer identification number 35-1753977

employees. They utilize comparable data for similiar exempt organizations in relation to payroll, website industry statistics, and historical data to assist in their decision.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available upon request to the executive office.

HAB3977 HABITAT FOR HUMANITY OF MONROE CO,I 35-1753977

35-1753977 FYE: 6/30/2010

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

,	Section 179				0
	Deduction	\$ 666			\$ 666
	1	·Ω·		ļ	∾ _∥
•	Period Method	5.0 200DBMQ \$	5.0 200DВНУ	5.0 200DBHY	
	Period		5.0	5.0	
	Depr Basis	3,840	1,100	13,850	18,790
ļ	Cost	7,681 \$	2,200	13,850	23,731 \$
	Business %	100.00 \$	100.00	100.00	w.
Property Type	Date	8/25/08	c truck 6/15/04	00/20/9	
		MINIVAN	1970 Ford F600 box truck 6/15/	CHEVROLET TRUCK	Total

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return

OMB No 1545-0172 250,000 800,000

Identifying number Name(s) shown on return HABITAT FOR HUMANITY OF MONROE CO, I 35-1753977 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (c) Elected cost (b) Cost (business use only) 6 (a) Description of property 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 1,018 during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 276 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 32,387 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction placed in service (a) Classification of property (business/investment use period only-see instructions) 200DB 530 3.0 MO 19a 3-year property 200DB 488 5.0 MO 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs Residential rental 27 5 yrs MM S/L property MM S/L 27 5 yrs MM Nonresidential real S/L 39 yrs property ММ S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L ММ 40-year 40 yrs Part IV Summary (See instructions.) 999 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 34,749 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

43

Form **4562** (2009

H.		T FOR HUN	MANITY OF	MONR	OE CC),I	35-1	7539	77							Page
	irt V	Listed Property use	erty (Include ed for entertai ehicle for which y i) through (c) of S	nment, re	ecreation	n, or	amuse	ment) eductina	lease e	•			-	rs, and	
			—Depreciation								its for pa	ssenge	r automo	obiles)		
4a	Do you ha	ive evidence to supp	ort the business/inv	estment use	claimed?		Yes	No	24b	f "Yes,'	is the e	vidence	written?		Yes	N
уре	(a) of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas	other		(e) s for depr siness/inv use only	estment	(f) Recovery period	, N	(g) lethod/ nvention		(h) Depreciati deductio	on	(i Elected 179	
5	Special	depreciation allow	ance for qualified	l listed prop	erty place	ed in se	rvice du	ring the								
	tax year	and used more th	ian 50% in a qua	lified busine	ss use (s	ee inst	ructions)				25	<u>: </u>			<u> </u>	
6_		used more than	50% in a qualified	i business ι	ıse	-				-r						
S	ee St	atement 3	!			1										
		_	%	2	3,731	<u> </u>	18	<u>,790</u>	<u> </u>			_		999		
												1				
			%	<u> </u>		<u> </u>			<u> </u>	<u> </u>						
7_	Property	used 50% or less	in a qualified bu	siness use												
		-,, · · · · _	%			$oxed{}$				S/I	<u>-</u>	[
												İ				
			%						l	S/I	<u></u>					
8:	Add amo	ounts in column (h	n), lines 25 throug	h 27 Enter	here and	on line	21, pag	je 1			28	<u>3 </u>		999		
9	Add amo	ounts in column (i)), line 26 Enter h	ere and on	line 7, pa	ge 1								29		
Com	plete this	section for vehicle	es used by a sole		tion B—l partner, c					or relate	d perso	ı If you	provided	d vehicle	s	
o yo	ur employee	es, first answer the q	uestions in Section	C to see if you	u meet an	exceptio	n to comp	leting this	section fo	or those v	/ehicles					
0	Total bu	siness/investment	t miles driven		(a	 i)	(b)	(c) (d)		d)	(4	e)	(f)	
	during th	ne year (<mark>do not</mark> inc	clude		Vehic	cle 1	Veh	icle 2	Vehicle 3		Veh	Vehicle 4 Ve		chicle 5 - Vehicle		icle 6
	commut	ing miles)														
1	Total co	mmuting miles dri	iven during the ye	ear					L							
2	Total oth	ner personal (nonc	driven													
3	Total mi	les driven during t	the year Add				Γ									
	lines 30	through 32														
34	<u> </u>				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use duri	ng off-duty hours?	,					ļ —								
35	Was the	vehicle used prin	narily by a													
	5 Was the vehicle used primarily by a more than 5% owner or related person?						i				ľ					
86						<u> </u>										
		-	Section C—Qu		Employe	rs Who	Provid	e Vehici	es for U	se by T	heir Em	plovees	** <u>*</u> *			
۱ns	wer these	questions to deter								•				-		
		owners or related	-	-		, ,				•						
37	Do you	maintain a written	policy statement	that prohib	its all per	sonal u	se of ve	hicles, ir	cluding	commu	ing, by				Yes	No
	your em	ployees?			•											
88	Do you i	maintain a written	policy statement	that prohib	its persor	nal use	of vehic	les, exce	ept comm	nuting, l	y your					
	employe	es? See the instr	uctions for vehicl	es used by	corporate	officer	s, direct	ors, or 1	% or mo	re owne	ers					<u> </u>
39		reat all use of veh		-	•											
10		provide more than		-			mation t	rom you	r employ	ees ab	out the					
		e vehicles, and re	·-					•								1
11		meet the requirem				demon	stration	use? (S	ee instru	ctions)						
		your answer to 37	-								es					
P	art VI	Amortizatio														
	····					7		(c)		,,	$\overline{}$	(e)			<u> </u>	
		(a)		(b Date amo			Amo	(c) ortizable		(d Co	de	Amortiza		Amortiza	(f) ition for t	nıs year
		Description of cost	is	beg				mount		sec		percen			-	•
12	Amortiza	ation of costs that	begins during vo	ur 2009 tax	vear (se	e instru	ctions)									
			3 }			T							T			
													1			

43

Amortization of costs that began before your 2009 tax year

Total. Add amounts in column (f) See the instructions for where to report