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## Return of Organization Exempt From Income Tax

2011

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 2011 calendar year, or tax year beginning JULY 01 , 2011, and ending JUNE 30 , 2012

B Check if applicable	C Name of organization HABITAT FOR HUMANITY OF INDIANA, INC		CD Employer identification number
Address change	Doing Business As		35-2104725
Name change	Number and street (or P.O. box if mail is not delivered to street address)		Room/Suite
Initial return	101 W. OHIO STREET		2000
Terminated	City or town, state or country, and ZIP + 4		(317) 454-8090
Amended return	INDIANAPOLIS IN 46204		G Gross receipts \$ 784,343
Application pending	F Name and address of principal officer		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 checked="" type="checkbox"/> No

I Tax-exempt status  501(c)(3)  501(c)( ) (insert no.) 4947(a)(1) or 527

J Website: ► WWW.HABITATINDIANA.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation M State of legal domicile IN

## Part I Summary

A C T I V I T E S G O V E R N A N C E & R E V E N U E X P E N S E S S E N T R A N C E F U N D S	1 Briefly describe the organization's mission or most significant activities SEE ATTACHMENT #1		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 10	
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 10	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5 30	
	6 Total number of volunteers (estimate if necessary) . . . . .	6 20	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 0		
8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 107,587	Current Year 440,394	
9 Program service revenue (Part VIII, line 2g) . . . . .	346,727	321,198	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-469	6,074	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,204	-12,359	
12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	462,049	755,307	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000	277,625	
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	332,550	340,018	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .			
b Total fundraising expenses (Part IX, column (D), line 25) ► 14,438			
17 Other expenses (Part IX, column (A), lines 11a-11d+11e-24e) . . . . .	74,877	103,380	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	412,427	721,023	
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	49,622	34,284	
20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 166,678	End of Year 210,685	
21 Total liabilities (Part X, line 26) . . . . .	2,862	12,585	
22 Net assets or fund balances Subtract line 21 from line 20, . . . . .	163,816	198,100	

## 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 SCANNED FEB 2013	RECEIVED		2-5-13
	Signature of officer	Date	
	RHETT CECIL	TREASURER	
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KENNETH SEIGEL CPA	<i>Kenneth Seigel CPA</i>	1-21-2012	P00167958	
	Firm's name ► THE SEIGEL GROUP LLC	Firm's EIN ► 35-1902288			
	Firm's address ► 116 WEST SIXTH STREET AUBURN IN 46706	Phone no. (260) 925-1619			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

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### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1 Briefly describe the organization's mission:**

SEE ATTACHMENT #2

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

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.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 637, 959 including grants of \$ 277, 625 ) ( Revenue \$ 625, 663 )**

SEE ATTACHMENT #3

4b (Code ) ( Expenses \$ including grants of \$ ) ( Revenue \$ )

**4c (Code ) ( Expenses \$ including grants of \$ ) ( Revenue \$**

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

(Expenses \$

including grants of \$

) (Revenue \$

**4e Total program service expenses** ►

637,959

**Part IV Checklist of Required Schedules**

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 (see instructions)? . . . . .

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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . . N/A

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

b 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 . . . . .

c 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 . . . . .

d Did the organization report an amount for other assets 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 . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

f 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 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .

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 United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, & program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .

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, Parts II and IV . . . . .

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, Parts III and IV . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

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 . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . N/A

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? 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 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
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 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	
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? . . . . .	24c	N/A
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	N/A
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction 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	X
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	X
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):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	34	X
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 . . . . .	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35b	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	37	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 . . . . .	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? . . . . .		
<b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1
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?		X
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	30
b	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. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A
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)?		
b	If "Yes," enter the name of the foreign country. ►  See instructions for 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?		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>		
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		N/A

**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.

Check if Schedule O contains a response to any question in this Part VI .....

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	10
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	10
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	X
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 governing documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	X
6	Did the organization have members or stockholders? . . . . .	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body? . . . . .	8b	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	9	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 . . . . .		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12b	X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	13	X
13	Did the organization have a written whistleblower policy? . . . . .	14	X
14	Did the organization have a written document retention and destruction policy? . . . . .	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official . . . . .	16a	X
b	Other officers or key employees of the organization . . . . .	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate 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? . . . . .		N/A

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SEE ATTACHMENT # 4

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

Check if Schedule O contains a response to any question in this Part VII

**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

- 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, if any. 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.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organiza- tions in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)									(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
		I N D U R I S E V T I D U O R	T R S E T U T E R O R A L	D R U S E T U T E R O R A L	O F F I C E R Y E R E S T Y E R	K E M P I C E Y E E S T Y E R	H C E G M P H E S N Y E S T A T E D	C E M P I C E Y E E S T Y E R	O M P L E O E O N Y E S T A T E D	F O R M E R			
DAN KLEIN					X						0	0	0
PRESIDENT	3.00												
RHETT CECIL					X						0	0	0
TREASURER	5.00										0	0	0
DON CROSS					X						0	0	0
BOARD MEMBER	1.00										0	0	0
TOM MCARTHUR					X						0	0	0
VICE PRESIDENT	5.00				X						0	0	0
JIM WILLIAMS											0	0	0
BOARD MEMBER	1.00				X						0	0	0
ALAN THORUP											0	0	0
SECRETARY	3.00				X						0	0	0
RICK WAJDA											0	0	0
BOARD MEMBER	1.00				X						0	0	0
MARK GOULD											0	0	0
BOARD MEMBER	1.00				X						0	0	0
MARK BROWN											0	0	0
BOARD MEMBER	1.00				X						0	0	0
SCOTT SNIVELY											0	0	0
BOARD MEMBER	1.00				X						0	0	0
GINA LEKRON											0	0	0
EXECUTIVE DIRECTOR	40.00					X					78,266	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organiza- tions in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										(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	
		I N R I R D U R I S E C O D E R A L R	T R I S T U T E C E T O R A L	D I S T U T E C E T O R A L	O F F I C E R E Y E Y E Y E	K E M P Y O L O Y E E S T S E E E E	H C E M P L O Y E E S T S E E E	C E M P L O Y E E S T S E E E	H C E M P L O Y E E S T S E E E	F O R M E R E R E R E R E R					
1b Sub-total .....													► 78266	0	0
c Total from continuation sheets to Part VII, Section A .....													► 78266	0	0
d Total (add lines 1b and 1c) .....													► 78266	0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►															

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	X

## 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

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
G O T O F H E N S R R G S I R I M B A I L U N T S R O A A N D M S S T S	1a Federated campaigns .....	1a			
	b Membership dues .....	1b	23,325		
	c Fundraising events .....	1c			
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e	400,694		
	f All other contributions, gifts, grants, & similar amounts not included above .....	1f	16,375		
	g Noncash contributions included in lines 1a-1f		\$		
	h Total. Add lines 1a-1f .....		► 440,394		
P R O G R A M I V C E N U E	2a AMERICORPS	Business Code			
	b		321,198	321,198	
	c				
	d				
	e				
	f All other program service revenue .....		321,198		
	g Total. Add lines 2a-2f .....		► 321,198		
	3 Investment income (including dividends, interest, and other similar amounts) .....		► 6,074	6,074	
4 Income from investment of tax-exempt bond proceeds .....		►			
5 Royalties .....		►			
6a Gross Rents .....	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) .....		►			
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) .....		►			
8a Gross income from fundraising events (not including \$ 14,349 of contributions reported on line 1c). See Part IV, line 18 .....	a	14,349			
b Less direct expenses .....	b	29,036			
c Net income or (loss) from fundraising events .....		► -14,687			
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 .....		►			
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 .....		►			
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS INCOME	900099		2,328	2,328	
b					
c					
d All other revenue .....					
e Total. Add lines 11a-11d .....		► 2,328			
12 Total revenue. See instructions .....		► 755,307	329,600		

**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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21..	277,625	277,625		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 ..				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ..				
4 Benefits paid to or for members ..				
5 Compensation of current officers, directors, trustees, and key employees ..	78,266	50,873	15,653	11,740
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 ..	236,114	236,114		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ..				
9 Other employee benefits ..				
10 Payroll taxes ..	25,638	23,686	1,115	837
11 Fees for services (non-employees)				
a Management ..				
b Legal ..				
c Accounting ..	26,065		26,065	
d Lobbying ..				
e Professional fundraising services. See Part IV, line 17 ..				
f Investment management fees ..				
g Other ..	7,268	7,268		
12 Advertising and promotion ..				
13 Office expenses ..				
14 Information technology ..				
15 Royalties ..				
16 Occupancy ..	11,100	5,550	5,550	
17 Travel ..	16,327	12,336	3,592	399
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ..				
19 Conferences, conventions, and meetings ..				
20 Interest ..				
21 Payments to affiliates ..				
22 Depreciation, depletion, and amortization ..	278		250	28
23 Insurance ..	8,067	6,415	1,487	165
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	10,542	7,191	3,016	335
b TELEPHONE	7,199	1,482	5,145	572
c BANK CHARGES	6,763	4,367	2,396	
d TRAINING	3,823	3,823		
e All other expenses ..	5,948	1,229	4,357	362
25 Total functional expenses. Add lines 1 through 24e	721,023	637,959	68,626	14,438
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest-bearing .....	90,470	1	107,505
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	67,687	4	96,265
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	5,743	9	4,415
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	1,390	
	b Less accumulated depreciation .....	10b	572	1,096
	11 Investments -- publicly traded securities .....		10c	818
	12 Investments -- other securities. See Part IV, line 11 .....		11	
	13 Investments -- program-related. See Part IV, line 11 .....		12	
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....	1,682	14	
16 Total assets. Add lines 1 through 15 (must equal line 34) .....	166,678	15	1,682	
		16	210,685	
L I A B I L I T E S	17 Accounts payable and accrued expenses .....	1,950	17	6,071
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial 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 .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	912	25	6,514
	26 Total liabilities. Add lines 17 through 25 .....	2,862	26	12,585
N F U N D A S B S E L T A S C O E R S	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 .....	163,816	27	178,100
	28 Temporarily restricted net assets .....		28	20,000
	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 .....	163,816	33	198,100
	34 Total liabilities and net assets/fund balances .....	166,678	34	210,685

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	755,307
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	721,023
3 Revenue less expenses Subtract line 2 from line 1 . . . . .	3	34,284
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	163,816
5 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	198,100

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3a	X
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? . . . . .	3b	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . . N/A		

Department of the Treasury  
Internal Revenue Service

**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.

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**Name of the organization**

## HABITAT FOR HUMANITY OF INDIANA, INC.

**Employer identification number**  
35-2104725

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

11g(i)	Yes	No
11g(ii)	Yes	No
11g(iii)	Yes	No

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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

Schedule A (Form 990 or 990-EZ) 2011

**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 or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	512,695	288,698	291,066	427,794	718,326	2,238,579
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3. . . . .	512,695	288,698	291,066	427,794	718,326	2,238,579
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						2,238,579

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .	512,695	288,698	291,066	427,794	718,326	2,238,579
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		9	2		6,075	6,086
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10	4,220	46		-470	2,328	6,124
12 Gross receipts from related activities, etc. (see instructions) . . . . .						12
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.46	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	99.78	%
16a <b>33 1/3 % support test – 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>			
b <b>33 1/3 % support test – 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
17a <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>			

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

FOR 2010, LINE 10 AMOUNT IS THE LOSS ON SALES OF ASSETS.

FOR ALL OTHER YEARS, THE LINE 10 AMOUNTS ARE MISCELLANEOUS INCOME.

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

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

HABITAT FOR HUMANITY OF INDIANA, INC.

Employer identification number

35-2104725

**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? .....  Yes  No

6 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? .....  Yes  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).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 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	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included in (a) .....

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)? .....  Yes  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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

<input type="checkbox"/> a Public exhibition	<input type="checkbox"/> d Loan or exchange programs
<input type="checkbox"/> b Scholarly research	<input type="checkbox"/> e Other _____
<input type="checkbox"/> 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** Escrow and Custodial Arrangements. Complete if the 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 the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as.

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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.

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

	Land, Buildings, and Equipment. See Form 990, Part X, line 10				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment		1,390		572	818
e Other					
<b>Total.</b> Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				►	818

**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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

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

(a) Description	(b) Book value
(1) DEPOSITS	1,682
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	1,682

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	6,514
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	6,514

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

1 Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	755,307
2 Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	721,023
3 Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3	34,284
4 Net unrealized gains (losses) on investments . . . . .	4	
5 Donated services and use of facilities . . . . .	5	
6 Investment expenses . . . . .	6	
7 Prior period adjustments . . . . .	7	
8 Other (Describe in Part XIV.) . . . . .	8	
9 Total adjustments (net). Add lines 4 through 8 . . . . .	9	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	10	34,284

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

1 Total revenue, gains, and other support per audited financial statements . . . . .	1	932,031
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments . . . . .	2a	
b Donated services and use of facilities . . . . .	2b	147,687
c Recoveries of prior year grants . . . . .	2c	
d Other (Describe in Part XIV.) . . . . .	2d	29,036
e Add lines 2a through 2d . . . . .	2e	176,723
3 Subtract line 2e from line 1 . . . . .	3	755,308
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b Other (Describe in Part XIV.) . . . . .	4b	
c Add lines 4a and 4b . . . . .	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	755,308

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

1 Total expenses and losses per audited financial statements . . . . .	1	897,746
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities . . . . .	2a	147,687
b Prior year adjustments . . . . .	2b	
c Other losses . . . . .	2c	
d Other (Describe in Part XIV.) . . . . .	2d	29,036
e Add lines 2a through 2d . . . . .	2e	176,723
3 Subtract line 2e from line 1 . . . . .	3	721,023
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b Other (Describe in Part XIV.) . . . . .	4b	
c Add lines 4a and 4b . . . . .	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5	721,023

**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, 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.

**PART XII, LINE 2D**

FUNDRAISING DIRECT EXPENSES - - - - - \$29,036

**PART XIII, LINE 4D**

FUNDRAISING DIRECT EXPENSES - - - - - \$29,036

**SCHEDULE I**  
(Form 990)

OMB No. 1545-0047  
**2011**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Name of the organization

HABITAT FOR HUMANITY OF INDIANA, INC.

► Attach to Form 990.

Open to Public  
Inspection

Yes  No

Employer identification number  
35-2104725

**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" 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. Part II can be duplicated 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 ORANGE COUNTY 112 W. WATER STREET PAOLI, IN 47454	35-1867547			30,000			HOME BUILDING
HABITAT FOR HUMANITY JOHNSON COUNTY 98 S. EDWARDS STREET, PO BOX 302	20-3407734			17,232			HOME BUILDING
FRANKLIN, IN 46131 HABITAT FOR HUMANITY OF GREATER RICHMOND 1114 SOUTH F STREET	35-1803693			34,899			HOME BUILDING
RICHMOND, IN 47274 HABITAT FOR HUMANITY ELKHART COUNTY INC 2526 PEDDLERS VILLAGE ROAD	35-1.685313			162,866			HOME BUILDING
GOSHEN, IN 46527 HABITAT FOR HUMANITY HUNTINGTON COUNTY 1454 ETNA AVENUE	35-1780073			32,119			HOME BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 instructions

3 Enter total number of other organizations listed in the line 1 instructions

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

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5

**Schedule I (Form 990) (2011)**

**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.

Part III can be duplicated if additional space is needed.

(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)	(f) Description of non-cash assistance

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

PROCEDURES USED FOR MONITORING THE USE OF GRANT FUNDS INCLUDE AFFILIATE COMPLIANCE CHECKLISTS, BUILDING INSPECTIONS, MONITORING VISITS, CASH CONTROL REPORTS, AND ENVIRONMENTAL REVIEWS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

HABITAT FOR HUMANITY OF INDIANA, INC.

Employer identification number

35-2104725

FORM 990, PART VI, SECTION B, LINE 11B

AFTER THE CPA COMPLETES THE FORM 990, A PDF FILE IS SAVED AND EMAILED TO THE EXECUTIVE DIRECTOR WHO THEN SENDS IT TO ALL THE BOARD MEMBERS. IT IS REVIEWED AND DISCUSSED AT THE NEXT BOARD MEETING, THEN SIGNED AND MAILED IN TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION C, LINE 12C

THE CONFLICT OF INTEREST POLICY HAS DISCLOSURE FORMS THAT ARE SIGNED ON AN ANNUAL BASIS DURING THE BOARD RETREAT.

FORM 990, PART VI, SECTION C, LINE 15B

ON AN ANNUAL BASIS THE BOARD OF DIRECTORS PERFORMS A REVIEW OF THE EXECUTIVE DIRECTOR, REVIEWS COMPARABLE WAGES WITHIN VARIOUS OTHER STATE HABITAT FOR HUMANITY ORGANIZATIONS, AND DELIBERATES TO DETERMINE A FAIR AND EQUITABLE SALARY. PERFORMANCE STANDARDS CONSISTENT WITH OTHER SIMILAR NON-PROFIT ORGANIZATIONS' PAY SCALES AND JOB RESPONSIBILITIES ARE CONSIDERED.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AND INFORMATION RETURNS AVAILABLE TO THE PUBLIC UPON REQUEST ONLY. INDIVIDUALS INTERESTED IN EXAMINING SUCH DOCUMENTS WOULD COME ONSITE TO THE ORGANIZATION'S OFFICES FOR REVIEW IF POSSIBLE; OTHERWISE, THEY CAN BE MAILED.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- Attach to Form 990. ► See separate instructions.

Name of the organization  
**HABITAT FOR HUMANITY OF INDIANA, INC.**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
HABITAT FOR HUMANITY INTERNATIONAL 270 PEACHTREE STREET NW, SUITE 1300 ATLANTA GA 30303	HOME BUILDING	GEORGIA 501C3	7		X	Yes No

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

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Schedule R (Form 990) 2011

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

### Part III

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV,

Part IV

(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
Line 34 because it had one or more related organizations							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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 or (iv) rent from a controlled entity .....
- b Gift, grant, or capital contribution to related organization(s) .....
- c Gift, grant, or capital contribution from related organization(s) .....
- d Loans or loan guarantees to or for related organization(s) .....
- e Loans or loan guarantees by related organization(s) .....

- f Sales of assets to related organization(s) .....
- g Purchase of assets from related organization(s) .....
- h Exchange of assets with related organization(s) .....
- i Lease of facilities, equipment, or other assets to related organization(s) .....
- j Lease of facilities, equipment, or other assets from related organization(s) .....
- k Performance of services or membership or fundraising solicitations for related organization(s) .....
- l Performance of services or membership or fundraising solicitations by related organization(s) .....
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- n Sharing of paid employees with related organization(s) .....
- o Reimbursement paid to related organization(s) for expenses .....
- p Reimbursement paid by related organization(s) for expenses .....

- q Other transfer of cash or property to related organization(s) .....
- r Other transfer of cash or property from related 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
HABITAT FOR HUMANITY OF ELKHART COUNTY	B	162,866	FMV

## 990 PRIMARY EXEMPT PURPOSE

### ATTACHMENT 1: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012.
Name of Organization HABITAT FOR HUMANITY OF INDIANA, INC.				Employer Identification Number 35-2104725
Primary Purpose				
THE MISSION OF HABITAT FOR HUMANITY OF INDIANA, INC. IS TO JOIN WITH GOD AND PARTNER WITH PEOPLE IN PROMOTING THE HEALTH AND DEVELOPMENT OF HABITAT FOR HUMANITY AFFILIATES BY CONNECTING PEOPLE, IDEAS AND RESOURCES. THEIR VISION IS THAT ALL INDIANA HABITAT FOR HUMANITY AFFILIATES BE HEALTHY - ORGANIZATIONALLY, FINANCIALLY AND SPIRITUALLY - HAVING THE ABILITY AND CAPACITY TO ELIMINATE POVERTY HOUSING FROM THEIR COMMUNITY.				

## 990 PRIMARY EXEMPT PURPOSE

### ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012.
Name of Organization	Employer Identification Number		
HABITAT FOR HUMANITY OF INDIANA, INC.	35-2104725		
<p style="text-align: center;">Primary Purpose</p> <p>THE MISSION OF HABITAT FOR HUMANITY OF INDIANA, INC. IS TO JOIN WITH GOD AND PARTNER WITH PEOPLE IN PROMOTING THE HEALTH AND DEVELOPMENT OF HABITAT FOR HUMANITY AFFILIATES BY CONNECTING PEOPLE, IDEAS AND RESOURCES. THEIR VISION IS THAT ALL INDIANA HABITAT FOR HUMANITY AFFILIATES BE HEALTHY - ORGANIZATIONALLY, FINANCIALLY AND SPIRITUALLY - HAVING THE ABILITY AND CAPACITY TO ELIMINATE POVERTY HOUSING FROM THEIR COMMUNITY.</p>			

# 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

## ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2011, or tax period beginning	07-01-2011, and ending	06-30-2012.
Name of Organization HABITAT FOR HUMANITY OF INDIANA, INC.		Employer Identification Number 35-2104725	
<b>Part III - Statement of Program Service Accomplishments</b>			
Code:	Expenses. 637,959	including Grants of: 277,625	Revenue 625,663
Exempt Purpose Achievements			
HABITAT FOR HUMANITY OF INDIANA, INC. PROVIDED AFFILIATE SUPPORT TO NEARLY 20 AFFILIATES THROUGHOUT THE STATE OF INDIANA. THIS SUPPORT RESULTED IN THE COORDINATION OF THOUSANDS OF VOLUNTEER HOURS TO CONSTRUCT SIMPLE, DECENT, AFFORDABLE HOUSING IN PARTNERSHIP WITH THE LOW INCOME FAMILIES OF INDIANA.			

## 990 BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC	INSPECTION	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012.
Name of Organization			Employer Identification Number		
HABITAT FOR HUMANITY OF INDIANA, INC.			35-2104725		
Part VI - Line 20					

Individual Name .....  
or

Business Name:  
L. M. HENDERSON & COMPANY, LLP

Street Address ..... 450 E 96TH STREET, SUITE 200

U S. Address

Zip code 46240 City INDIANAPOLIS State IN

or  
Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (317) 566-1000

Fax Number ..... (317) 566-1700

## 990 SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 5: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC  
INSPECTION  
For Calendar year 2011, or tax year period beginning

and ending  $06-30=2012$

Employer Identification Number  
35-2104725

Name of Organization      HABITAT FOR HUMANITY OF INDIANA, INC.

SEE ATTACHED DEPRECIATION SCHEDULE	Description of Property
------------------------------------	-------------------------

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
SEE ATTACHED DEPRECIATION SCHEDULE						278
						278

Year Ended 06/30/2012

PPD BY SEIGEL GROUP

01:51:09 PM

ASSET	<BU%>	DATE PL	DEPRECIATION	DEPR.	SEC 179	06/30/2011	CURRENT	06/30/2012	NET BOOK
		LIFE IN SRVCE	METHOD	BASIS	EXPENSE	ACCUM DEPR	DEPR	ACCUM DEPR	VALUE
<b>&gt; 2: FURNITURE &amp; FIXTURES</b>									
12.000 SONY LAPTOP -	5	03/23/10	SL	749.98	0.00	187.50	150.00	337.50	412.48
13.000 ASUS DESKTOP C	5	08/30/10	SL	639.66	0.00	106.61	127.93	234.54	405.12
<b>(C) 2: FURNITURE &amp; FIXTURES *</b>		2 asset(s)		1,389.64	0.00	294.11	277.93	572.04	817.60
<b>GRAND TOTALS</b>		2 asset(s)		1,389.64	0.00	294.11	277.93	572.04	817.60

**ASSET SUMMARY**

	Assets	Original Cost	Depreciable Basis
beginning	2	1,389.64	1,389.64
additions-Full Cost	0	0.00	0.00
dispositions	0	0.00	0.00
RC 179 Expense			0.00
RC Basis Reduction			0.00
deduction Recovery			0.00
ending	2	1,389.64	1,389.64
	Depreciation+179 Exp	Depreciation	
beginning	294.11	294.11	
current	277.93	277.93	
dispositions	0.00	0.00	
ending	572.04	572.04	

Method codes: M, Q, Y=Mid-month, -quarter, half-year convention; A=Luxry auto; AB=Adj basis; Am=Amortized; B=Electric vehicle; D=Purchase date; E=Empirement zone pty; F=Farm pty; H=Low income hsng, I=Indian reservation pty; L=Listed; O=Elect out of IRS like kind exch rules; PU=Public utility pty; R=Renewal community pty; S=Use subst basis; T=Truck/Van; U=User override of current deduction; X=IRS like kind exch rules; Z=NY Liberty Zone; 2=Apply JCWA02; 3=Apply JGTRR03; !=Force full depr in final year

**990 PAGE 10, OTHER EXPENSES**

ATTACHMENT 6: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning 07-01-2011, and ending 06-30-2012	Employer Identification Number 35-2104725		
Name of Organization HABITAT FOR HUMANITY OF INDIANA, INC.				
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
MISCELLANEOUS	2,595		2,395	200
PARKING	2,458	1,229	1,106	123
DUES AND SUBSCRIPTIONS	500		500	
POSTAGE	395		356	39
<b>Total:</b>	<b>5,948</b>	<b>1,229</b>	<b>4,357</b>	<b>362</b>

