

# TAX RETURN FILING INSTRUCTIONS

**\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\***

**FOR THE YEAR ENDING**

**JUNE 30, 2011**

|   |  |
|---|--|
| <b>Prepared for</b>   | DAYTON OHIO HABITAT FOR HUMANITY INC<br>3534 LINDEN AVENUE<br>DAYTON, OH 45410   |
| <b>Prepared by</b>  | FLAGEL, HUBER, FLAGEL & CO.<br>3400 SOUTH DIXIE DRIVE<br>DAYTON, OH 45439  |
| <b>Amount due<br/>or refund</b>                             | NOT APPLICABLE   |
| <b>Make check<br/>payable to</b>                            | NOT APPLICABLE   |
| <b>Mail tax return<br/>and check (if<br/>applicable) to</b> | NOT APPLICABLE   |
| <b>Return must be<br/>mailed on<br/>or before</b>           | NOT APPLICABLE   |
| <b>Special<br/>Instructions</b>                             | THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE<br>PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS<br>HAS BEEN REMOVED. |

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**DAYTON OHIO HABITAT FOR HUMANITY INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**3534 LINDEN AVENUE**

Room/suite

City or town, state or country, and ZIP + 4

**DAYTON, OH 45410**

**F** Name and address of principal officer: **DIANE GRAHAM**

**SAME AS C ABOVE**

**D** Employer identification number

**31-1104456**

**E** Telephone number

**937-586-0860**

**G** Gross receipts \$ **2,252,945.**

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ►

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ► **WWW.DAYTONHABITAT.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

**L** Year of formation: **1983** **M** State of legal domicile: **OH**

## Part I Summary

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE LOW INCOME FAMILIES AN OPPORTUNITY FOR DIRECT OWNERSHIP OF A DECENT,</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                            |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>16</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>16</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | <b>5</b>                         | <b>14</b>           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>3000</b>         |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0.</b>           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | <b>0.</b>                        |                     |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>1,142,340.</b>                | <b>1,212,112.</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>732,798.</b>                  | <b>776,195.</b>     |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>1,834.</b>                    | <b>2,297.</b>       |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>2,182,538.</b>                | <b>2,252,945.</b>   |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>539,083.</b>                  | <b>592,090.</b>     |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► <b>86,110.</b>   |                                  |                     |
| Net Assets or Fund Balances   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | <b>1,252,521.</b>                | <b>1,655,908.</b>   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>1,791,604.</b>                | <b>2,247,998.</b>   |
|   | <b>19</b> Revenue less expenses. Subtract line 18 from line 12  | <b>390,934.</b>                  | <b>4,947.</b>       |
|   | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>3,553,104.</b>                | <b>3,649,355.</b>   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20    | <b>341,637.</b>   | <b>415,517.</b>                  |                     |
|   |   | <b>3,211,467.</b>                | <b>3,233,838.</b>   |

## 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.

|                               |  |                       |
|-------------------------------|--|-----------------------|
| <b>Sign Here</b>              | Signature of officer                               | Date                  |
|                               | <b>DIANE GRAHAM, EXECUTIVE DIRECTOR</b>            |                       |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                         | Preparer's signature  |
|                               | <b>CHARLES CRAFT</b>                               |                       |
| <b>Paid Preparer Use Only</b> | Firm's name  | Firm's EIN            |
|                               | <b>FLAGEL, HUBER, FLAGEL &amp; CO.</b>             |                       |
| <b>Paid Preparer Use Only</b> | Firm's address                                     | Phone no.             |
|                               | <b>3400 SOUTH DIXIE DRIVE<br/>DAYTON, OH 45439</b> | <b>(937) 299-3400</b> |

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

**Part III Statement of Program Service Accomplishments**

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

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

**DAYTON OHIO HABITAT FOR HUMANITY WORKS IN PARTNERSHIP WITH GOD AND PEOPLE FROM ALL WALKS OF LIFE TO DEVELOP COMMUNITIES WITH PEOPLE IN NEED BY BUILDING AND RENOVATING HOUSES SO THAT THERE ARE DECENT AND AFFORDABLE HOMES IN SAFE COMMUNITIES WHERE FAMILIES CAN LIVE AND GROW.**

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

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

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

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

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 1,182,781. including grants of \$ 452,208. ) (Revenue \$ 928,334. )

**CONSTRUCTION OF DECENT, ENERGY-EFFICIENT AFFORDABLE HOUSING: IN MONTGOMERY COUNTY THERE ARE APPROXIMATELY 27,000 FAMILIES PAYING EXCESSIVE RENTS OF MORE THAN 50% OF THEIR MONTHLY INCOME, OR LIVING IN INADEQUATE HOUSING. DAYTON OHIO HABITAT FOR HUMANITY IS ONE OF MANY ORGANIZATIONS IN MONTGOMERY COUNTY SEEKING TO ADDRESS THESE ISSUES; HOWEVER, OUR UNIQUE PROGRAM PROVIDES LOW-INCOME FAMILIES, WHO OTHERWISE WOULD NEVER OWN A HOME, AN OPPORTUNITY FOR DIRECT, RESPONSIBLE HOMEOWNERSHIP. HOMEOWNERSHIP ADDS VALUE TO OUR COMMUNITY, STABILIZES OUR NEIGHBORHOODS, INCREASES THE REAL ESTATE TAX BASE, AND CREATES UPWARD MOBILITY FOR FAMILIES - AN ESCAPE FROM POVERTY. HABITAT FOR HUMANITY'S AFFORDABLE HOUSING PROGRAM IS NOT A CHARITY; IT PROVIDES A "HAND UP - NOT A HANDOUT", WHICH PROMOTES AN ATMOSPHERE OF PARTNERSHIP**

**4b** (Code: ) (Expenses \$ 213,815. including grants of \$ ) (Revenue \$ 257,436. )

**RESTORE: RECYCLE, REUSE, REVIVE: THE DAYTON HABITAT RESTORE PROGRAM SELLS QUALITY USED AND SURPLUS BUILDING MATERIALS TO THE GENERAL PUBLIC AT A FRACTION OF RETAIL PRICES. PROCEEDS FROM THE SALES HELP FUND THE CONSTRUCTION OF HABITAT HOMES WITHIN MONTGOMERY COUNTY. THE PROGRAM OFFERS HABITAT PARTNER FAMILIES THE OPPORTUNITY TO VOLUNTEER IN THE RESTORE TO EARN SWEAT EQUITY, AS WELL AS PROVIDING OPPORTUNITIES FOR COMMUNITY VOLUNTEERS FROM ALL WALKS OF LIFE. MATERIALS SOLD BY THE HABITAT RESTORE ARE DONATED FROM BUILDING SUPPLY STORES, CONTRACTORS, DEMOLITION CREWS AND PRIVATE INDIVIDUALS WHO WISH TO SHOW THEIR SUPPORT FOR HABITAT. IN ADDITION TO RAISING FUNDS, RESTORE HELPS THE ENVIRONMENT WITH SELECTIVE DECONSTRUCTION PROJECTS, RECHANNELING GOOD, USABLE MATERIALS BACK INTO THE MARKET AND DIVERTING TONS OF MATERIAL**

**4c** (Code: ) (Expenses \$ 85,930. including grants of \$ 50,000. ) (Revenue \$ 29,500. )

**FAMILY SERVICES: THE FAMILY SERVICES PROGRAM PROVIDES DIRECT DELIVERY OF SERVICES TO QUALIFIED LOW INCOME FAMILIES THROUGHOUT MONTGOMERY COUNTY AS (1) PROSPECTIVE, (2) SELECTED, (3) PRE-PURCHASE AND (4) POST-CLOSING PARTNER FAMILIES IN THEIR LIFE-LONG JOURNEY TO BE SELF-SUFFICIENT, MORTGAGE-PAYING, RESPONSIBLE HOMEOWNERS AND PRODUCTIVE MEMBERS OF THEIR COMMUNITIES. CURRENTLY WE ARE SERVING APPROXIMATELY 165 FAMILIES IN ONE OR MORE OF THE FOUR PHASES OF PARTNERSHIP. THE SELECTION OF HOMEOWNERS USES EQUAL HOUSING OPPORTUNITY STANDARDS THAT DO NOT DISCRIMINATE ON THE BASIS OF RELIGION, RACE, OR ETHNIC BACKGROUND. ALL APPLICABLE FEDERAL AND STATE LAWS REGARDING MORTGAGE LENDING ARE FOLLOWED. SELECTION STANDARDS ARE: (1) FAMILY INCOME IS 30%-60% OF THE MEDIAN INCOME FOR MONTGOMERY COUNTY WITH ADJUSTMENTS FOR**

**4d** Other program services. (Describe in Schedule O.)(Expenses \$ 499,211. including grants of \$ ) (Revenue \$ )**4e** Total program service expenses 1,981,737.

**Part IV Checklist of Required Schedules**

|  | Yes        | No       |
|--|------------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>X</b>   |          |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?   | <b>X</b>   |          |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |            | <b>X</b> |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |            | <b>X</b> |
| 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? <i>If "Yes," complete Schedule C, Part III</i>                         | <b>N/A</b> |          |
| 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? <i>If "Yes," complete Schedule D, Part I</i>  |            | <b>X</b> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |            | <b>X</b> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |            | <b>X</b> |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> |            | <b>X</b> |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | <b>X</b>   |          |
| 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? <i>If "Yes," complete Schedule D, Part VI</i>   | <b>X</b>   |          |
| 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? <i>If "Yes," complete Schedule D, Part VII</i>   |            | <b>X</b> |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i>   |            | <b>X</b> |
| 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? <i>If "Yes," complete Schedule D, Part IX</i>  | <b>X</b>   |          |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <b>X</b>   |          |
| 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)? <i>If "Yes," complete Schedule D, Part X</i>      | <b>X</b>   |          |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | <b>X</b>   |          |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>           |            | <b>X</b> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |            | <b>X</b> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |            | <b>X</b> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     |            | <b>X</b> |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>                              |            | <b>X</b> |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                  |            | <b>X</b> |
| 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? <i>If "Yes," complete Schedule G, Part I</i>   |            | <b>X</b> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |            | <b>X</b> |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |            | <b>X</b> |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   |            | <b>X</b> |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |            |          |

Form 990 (2010)

**Part IV Checklist of Required Schedules** (continued)

|   | Yes        | No       |
|---|------------|----------|
| <b>21</b> 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 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | <b>21</b>  | <b>X</b> |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | <b>22</b>  | <b>X</b> |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....                           | <b>23</b>  | <b>X</b> |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  | <b>24b</b> |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   | <b>24c</b> |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  | <b>24d</b> |          |
| <b>25a</b> <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? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25a</b> | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....             | <b>25b</b> | <b>X</b> |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....   | <b>26</b>  | <b>X</b> |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....                 | <b>27</b>  | <b>X</b> |
| <b>28</b> 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):   |            |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28b</b> | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>29</b>  | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....  | <b>31</b>  | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   | <b>32</b>  | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   | <b>33</b>  | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   | <b>34</b>  | <b>X</b> |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   | <b>35</b>  | <b>X</b> |
| <b>a</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |            |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  | <b>36</b>  | <b>X</b> |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....  | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | <b>38</b>  | <b>X</b> |

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

**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 |
|--|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | 1a  | 16 |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | 1b  | 16 |
| <b>2</b> 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  |
| <b>3</b> 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  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4   | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5   | X  |
| <b>6</b> Does the organization have members or stockholders?   | 6   | X  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  | 7a  | X  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | 7b  | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b> The governing body?   | 8a  | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | 8b  | X  |
| <b>9</b> 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  |

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

|   | Yes | No |
|---|-----|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates?  | 10a | X  |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   | 10b |    |
| <b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11a | X  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | X  |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | X  |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c | X  |
| <b>13</b> Does the organization have a written whistleblower policy?  | 13  | X  |
| <b>14</b> Does the organization have a written document retention and destruction policy?   | 14  | X  |
| <b>15</b> 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?  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | 15a | X  |
| <b>b</b> Other officers or key employees of the organization  | 15b | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a | X  |
| <b>b</b> If "Yes," has the organization adopted 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? | 16b |    |

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 937-586-0860**  
**3534 LINDEN AVENUE, DAYTON, OH 45410**

**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 organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title              | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                    |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| TROY SINGER<br>PRESIDENT           | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| DENISE SWICK<br>VICE PRESIDENT     | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| GISELLE JOHNSON<br>SECRETARY       | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| TIM MISLANSKY<br>TREASURER         | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| SHANNON COSTELLO<br>TRUSTEE        | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MATT HIPPENMEYER<br>TRUSTEE        | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PATTI BALLARD<br>TRUSTEE           | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CAROL BISE<br>TRUSTEE              | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID BOHARDT<br>TRUSTEE           | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID RAMEY<br>TRUSTEE             | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| AMBER ROSE<br>TRUSTEE              | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ALEXA JOHNSON<br>TRUSTEE           | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| IRIS WEISMAN<br>TRUSTEE            | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BRIAN PRENGER<br>TRUSTEE           | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RICK WILLIS<br>TRUSTEE             | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JAMIE KENNEY<br>TRUSTEE            | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DIANE GRAHAM<br>EXECUTIVE DIRECTOR | 40.00  |  |                       | X       | X            |                              |        | 64,766.  | 0.  | 1,943.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| GARY LUTTRELL<br>FINANCE DIRECTOR                              | 40.00  |  |                       | X       |              |                              |        | 45,231.  | 0.  | 1,090.  |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 109,997.   | 0.  | 3,033.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 109,997.   | 0.  | 3,033.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | 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 |     | 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                       |     | 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. **NONE**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII** Statement of Revenue

|   |  |   |                         | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|---|--|---|-------------------------|----------------------|---|---|--|
| Contributions, gifts, grants<br>and other similar amounts | 1 a  | Federated campaigns .....   | 1a                      | 34,668.              |   |   |  |
|   | b  | Membership dues .....   | 1b                      |                      |   |   |  |
|   | c  | Fundraising events .....  | 1c                      |                      |   |   |  |
|   | d  | Related organizations .....   | 1d                      |                      |   |   |  |
|   | e  | Government grants (contributions) .....   | 1e                      | 452,208.             |   |   |  |
|   | f  | All other contributions, gifts, grants, and<br>similar amounts not included above .....   | 1f                      | 725,236.             |   |   |  |
|   | g  | Noncash contributions included in lines 1a-1f: \$ .....   |                         | 194,215.             |   |   |  |
|   | h  | <b>Total.</b> Add lines 1a-1f .....   |                         | 1,212,112.           |   |   |  |
| Program Service<br>Revenue                                | 2 a  | <u>HOME SALES</u> .....   | Business Code<br>531390 | 614,788.             | 614,788.  |   |  |
|   | b  | <u>MORTGAGE LOAN DISCOUNT</u> .....   | 531390                  | 161,407.             | 161,407.  |   |  |
|   | c  | .....   |                         |                      |   |   |  |
|   | d  | .....   |                         |                      |   |   |  |
|   | e  | .....   |                         |                      |   |   |  |
|   | f  | All other program service revenue .....   |                         |                      |   |   |  |
|   | g  | <b>Total.</b> Add lines 2a-2f .....   |                         | 776,195.             |   |   |  |
|   | 3  | Investment income (including dividends, interest, and<br>other similar amounts) .....   |                         | 2,297.               |   |   | 2,297.   |
| 4   | Income from investment of tax-exempt bond proceeds ..... |   |                         |                      |   |   |  |
| 5   | Royalties .....  |   |                         |                      |   |   |  |
| Other Revenue   | 6 a  | Gross Rents .....   | (i) Real                | (ii) Personal        |   |   |  |
|   | b  | Less: rental expenses .....   |                         |                      |   |   |  |
|   | c  | Rental income or (loss) .....   |                         |                      |   |   |  |
|   | d  | Net rental income or (loss) .....   |                         |                      |   |   |  |
|   | 7 a  | Gross amount from sales of<br>assets other than inventory .....   | (i) Securities          | (ii) Other           |   |   |  |
|   | b  | Less: cost or other basis<br>and sales expenses .....   |                         |                      |   |   |  |
|   | c  | Gain or (loss) .....  |                         |                      |   |   |  |
|   | d  | Net gain or (loss) .....  |                         |                      |   |   |  |
|   | 8 a  | Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | a                       |                      |   |   |  |
|   | b  | Less: direct expenses .....   | b                       |                      |   |   |  |
|   | c  | Net income or (loss) from fundraising events .....  |                         |                      |   |   |  |
|   | 9 a  | Gross income from gaming activities. See<br>Part IV, line 19 .....  | a                       |                      |   |   |  |
|   | b  | Less: direct expenses .....   | b                       |                      |   |   |  |
|   | c  | Net income or (loss) from gaming activities .....   |                         |                      |   |   |  |
|   | 10 a   | Gross sales of inventory, less returns<br>and allowances .....  | a                       |                      |   |   |  |
|   | b  | Less: cost of goods sold .....  | b                       |                      |   |   |  |
|   | c  | Net income or (loss) from sales of inventory .....  |                         |                      |   |   |  |
|   | Miscellaneous Revenue                                    |   |                         | Business Code        |   |   |  |
|   | 11 a   | <u>RESALE OPERATIONS</u> .....  | 453310                  | 257,436.             | 257,436.  |   |  |
|   | b  | .....   |                         |                      |   |   |  |
| c   | .....  |   |                         |                      |   |   |  |
| d   | All other revenue .....                                  | 900099  | 4,905.                  | 4,905.               |   |   |  |
| e   | <b>Total.</b> Add lines 11a-11d .....                    |   | 262,341.                |                      |   |   |  |
| 12  | <b>Total revenue.</b> See instructions. ....             |   | 2,252,945.              | 1,038,536.           | 0.  | 2,297.                                  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 113,030.              | 89,294.                         | 11,303.                                | 12,433.                     |
| 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 .....   | 479,060.              | 378,457.                        | 47,906.                                | 52,697.                     |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  |                       |                                 |  |                             |
| 9 Other employee benefits .....  |                       |                                 |  |                             |
| 10 Payroll taxes .....   |                       |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   |                       |                                 |  |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  | 33,905.               | 20,344.                         | 10,849.                                | 2,712.                      |
| 12 Advertising and promotion .....   | 4,924.                | 493.                            | 1,477.                                 | 2,954.                      |
| 13 Office expenses .....   | 60,778.               | 36,466.                         | 18,234.                                | 6,078.                      |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 14,455.               | 14,455.                         |  |                             |
| 17 Travel .....  | 43,014.               | 17,991.                         | 21,365.                                | 3,658.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| 20 Interest .....  | 3,817.                |                                 | 3,817.                                 |                             |
| 21 Payments to affiliates .....  | 2,251.                | 2,251.                          |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 27,021.               | 21,347.                         | 5,674.                                 |                             |
| 23 Insurance .....   | 17,006.               | 13,605.                         | 2,381.                                 | 1,020.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  |                       |                                 |  |                             |
| a <b>BUILDING SERVICES</b> .....   | 507,752.              | 507,752.                        |  |                             |
| b <b>BUILDING MATERIALS AND</b> .....  | 499,289.              | 499,289.                        |  |                             |
| c <b>MORTGAGE DISCOUNTS</b> .....  | 297,643.              | 297,643.                        |  |                             |
| d <b>MISCELLANEOUS</b> .....   | 50,755.               | 24,363.                         | 26,392.                                |                             |
| e <b>UTILITIES</b> .....   | 49,310.               | 24,654.                         | 22,190.                                | 2,466.                      |
| f All other expenses .....   | 43,988.               | 33,333.                         | 8,563.                                 | 2,092.                      |
| <b>25 Total functional expenses.</b> Add lines 1 through 24f   | 2,247,998.            | 1,981,737.                      | 180,151.                               | 86,110.                     |
| <b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing .....   | 314,775.                 | 1          | 262,511.           |
|   | 2 Savings and temporary cash investments .....  | 56,979.                  | 2          | 63,991.            |
|   | 3 Pledges and grants receivable, net .....  | 73,640.                  | 3          | 255,788.           |
|   | 4 Accounts receivable, net .....  | 7,566.                   | 4          | 6,126.             |
|   | 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 .....   | 2,340,552.               | 7          | 2,425,509.         |
|   | 8 Inventories for sale or use .....   |                          | 8          |                    |
|   | 9 Prepaid expenses and deferred charges .....   | 996.                     | 9          | 2,956.             |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 360,863.             |            |                    |
|   | b Less: accumulated depreciation .....  | 10b 183,359.             |            |                    |
|   |   | 195,342.                 | 10c        | 177,504.           |
|   | 11 Investments - publicly traded securities .....   |                          | 11         |                    |
|   | 12 Investments - other securities. See Part IV, line 11 .....   | 86,195.                  | 12         | 105,915.           |
|   | 13 Investments - program-related. See Part IV, line 11 .....  |                          | 13         |                    |
|   | 14 Intangible assets .....  |                          | 14         |                    |
| 15 Other assets. See Part IV, line 11 .....                               | 477,059.  | 15                       | 349,055.   |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 3,553,104.  | 16                       | 3,649,355. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....  | 85,630.                  | 17         | 135,476.           |
|   | 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 .....  | 117,689.                 | 21         | 139,826.           |
|   | 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 .....   | 37,678.                  | 23         | 24,645.            |
|   | 24 Unsecured notes and loans payable to unrelated third parties .....   | 10,474.                  | 24         | 5,404.             |
|   | 25 Other liabilities. Complete Part X of Schedule D .....   | 90,166.                  | 25         | 110,166.           |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 341,637.                 | 26         | 415,517.           |
| <b>Net Assets or Fund Balances</b>  | 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 .....  | 3,143,897.               | 27         | 3,166,268.         |
|   | 28 Temporarily restricted net assets .....  |                          | 28         |                    |
|   | 29 Permanently restricted net assets .....  | 67,570.                  | 29         | 67,570.            |
|   | 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 <b>Total net assets or fund balances</b> .....   | 3,211,467.               | 33         | 3,233,838.         |
|   | 34 <b>Total liabilities and net assets/fund balances</b> .....  | 3,553,104.               | 34         | 3,649,355.         |

**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 | 2,252,945. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 2,247,998. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 4,947.     |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 3,211,467. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 17,424.    |
| 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 | 3,233,838. |

**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 _____<br>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?  |     | X  |
| b Were the organization's financial statements audited by an independent accountant?  | X   |    |
| c If "Yes" to line 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?   |     | X  |
| 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.   |     |    |

Form 990 (2010)



**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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1016888. | 822,662. | 796,311. | 1055390. | 1106411. | 4797662.  |
| 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 .....   | 1016888. | 822,662. | 796,311. | 1055390. | 1106411. | 4797662.  |
| 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) ..... |          |          |          |          |          | 87,697.   |
| 6 <b>Public support.</b> Subtract line 5 from line 4 .....  |          |          |          |          |          | 4709965.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 .....  | 1016888. | 822,662. | 796,311. | 1055390. | 1106411. | 4797662.                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   | 9,997.   | 6,890.   | 2,820.   | 2,136.   | 2,297.   | 24,140.                  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....   |          |          | 913.     | 5,688.   | 262,341. | 268,942.                 |
| 11 <b>Total support.</b> Add lines 7 through 10 .....  |          |          |          |          |          | 5090744.                 |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 3,434,661.               |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |    |       |                                     |
|---|----|-------|-------------------------------------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | 92.52 | %                                   |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 .....   | 15 | 99.16 | %                                   |
| 16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    |       | <input checked="" type="checkbox"/> |
| b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    |       | <input type="checkbox"/>            |
| 17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    |       | <input type="checkbox"/>            |
| b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    |       | <input type="checkbox"/>            |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    |       | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐



**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).

FORM 990, SCHEDULE A, PART II, OTHER INCOME. INCOME RELATED TO ACTIVITIES  
CONSISTENT WITH THE ORGANIZATION'S EXEMPT PURPOSE: RESTORE SALES -  
\$257,436; MISCELLANEOUS - \$4,905.

# Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

# 2010

Name of the organization

**DAYTON OHIO HABITAT FOR HUMANITY INC**

Employer identification number

**31-1104456**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

## Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)**

Name of organization

Employer identification number

DAYTON OHIO HABITAT FOR HUMANITY INC

31-1104456

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 1          |                                   | \$ 34,067.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          |                                   | \$ 50,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          |                                   | \$ 26,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          |                                   | \$ 140,211.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          |                                   | \$ 79,845.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          |                                   | \$ 58,250.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

DAYTON OHIO HABITAT FOR HUMANITY INC

31-1104456

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 7          |                                   | \$ 50,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          |                                   | \$ 39,531.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          |                                   | \$ 50,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10         |                                   | \$ 32,066.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 11         |                                   | \$ 28,060.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 12         |                                   | \$ 38,110.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

DAYTON OHIO HABITAT FOR HUMANITY INC

31-1104456

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 11                           | REAL PROPERTY                                | \$ 28,060.                                     | 12/31/10             |
| 12                           | REAL PROPERTY                                | \$ 38,110.                                     | 12/31/10             |
|                              |  | \$   |                      |
|                              |  | \$   |                      |
|                              |  | \$   |                      |
|                              |  | \$   |                      |

Name of organization

Employer identification number

**DAYTON OHIO HABITAT FOR HUMANITY INC****31-1104456**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|---|-----------------|--|
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**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

**2010**

Open to Public  
Inspection

Name of the organization

**DAYTON OHIO HABITAT FOR HUMANITY INC**

Employer identification number

**31-1104456**

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

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate contributions to (during year) .....  |                              |                              |
| 3 Aggregate grants from (during year) .....   |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> 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 |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c 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, and not on a historic structure listed in the National Register ..... | 2d                              |

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):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No**Part IV 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 Beginning balance             |        |
| 1d Additions during the year     |        |
| 1e Distributions during the year |        |
| 1f Ending balance                |        |

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                     | 86,195.          | 76,819.        | 91,872.            |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 21,564.          | 11,091.        | -13,453.           |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 1,844.           | 1,715.         | 1,600.             |                      |                     |
| g End of year balance                            | 105,915.         | 86,195.        | 76,819.            |                      |                     |

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

a Board designated or quasi-endowment ☒ 36.20 %b Permanent endowment ☒ 63.80 %c Term endowment ☐ %

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

(i) unrelated organizations

|        | Yes                                 | No                                  |
|--------|-------------------------------------|-------------------------------------|
| 3a(i)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3a(ii) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3b     | <input type="checkbox"/>            | <input type="checkbox"/>            |

(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.

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

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 26,605.                         |                              | 26,605.        |
| b Buildings   |                                      | 125,252.                        | 46,473.                      | 78,779.        |
| c Leasehold improvements  |                                      | 38,719.                         | 7,818.                       | 30,901.        |
| d Equipment   |                                      | 42,235.                         | 36,246.                      | 5,989.         |
| e Other   |                                      | 128,052.                        | 92,822.                      | 35,230.        |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 177,504.       |

Schedule D (Form 990) 2010



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

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>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) .....   |                |  |

Total. (Col (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:<br>Cost or end-of-year market value |
|------------------------------------|----------------|--|
| (1) .....                          |                |  |
| (2) .....                          |                |  |
| (3) .....                          |                |  |
| (4) .....                          |                |  |
| (5) .....                          |                |  |
| (6) .....                          |                |  |
| (7) .....                          |                |  |
| (8) .....                          |                |  |
| (9) .....                          |                |  |
| (10) .....                         |                |  |

Total. (Col (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) CONSTRUCTION IN PROCESS | 215,042.       |
| (2) LAND FOR DEVELOPMENT    | 134,013.       |
| (3) .....                   |                |
| (4) .....                   |                |
| (5) .....                   |                |
| (6) .....                   |                |
| (7) .....                   |                |
| (8) .....                   |                |
| (9) .....                   |                |
| (10) .....                  |                |

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ..... ▶ 349,055.

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

| 1. (a) Description of liability | (b) Amount |
|---------------------------------|------------|
| (1) Federal income taxes        |            |
| (2) LINE OF CREDIT              | 110,166.   |
| (3) .....                       |            |
| (4) .....                       |            |
| (5) .....                       |            |
| (6) .....                       |            |
| (7) .....                       |            |
| (8) .....                       |            |
| (9) .....                       |            |
| (10) .....                      |            |
| (11) .....                      |            |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ..... ▶ 110,166.

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  | 2,252,945. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 2,247,998. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 4,947.     |
| 4  | Net unrealized gains (losses) on investments   | 4  | 19,268.    |
| 5  | Donated services and use of facilities   | 5  |            |
| 6  | Investment expenses  | 6  | -1,844.    |
| 7  | Prior period adjustments   | 7  |            |
| 8  | Other (Describe in Part XIV.)  | 8  |            |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 17,424.    |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 22,371.    |

**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  | 2,279,027. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |
| a | Net unrealized gains on investments   | 2a | 19,268.    |
| b | Donated services and use of facilities  | 2b | 8,658.     |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV.)   | 2d |            |
| e | Add lines 2a through 2d   | 2e | 27,926.    |
| 3 | Subtract line 2e from line 1  | 3  | 2,251,101. |
| 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 | 1,844.     |
| b | Other (Describe in Part XIV.)   | 4b |            |
| c | Add lines 4a and 4b   | 4c | 1,844.     |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 2,252,945. |

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

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 2,256,656. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities   | 2a | 8,658.     |
| b | Prior year adjustments   | 2b |            |
| c | Other losses   | 2c |            |
| d | Other (Describe in Part XIV.)  | 2d |            |
| e | Add lines 2a through 2d  | 2e | 8,658.     |
| 3 | Subtract line 2e from line 1   | 3  | 2,247,998. |
| 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 | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 2,247,998. |

**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 IV, LINE 2B: THE ENTITY SERVICES THE MORTGAGES ON HOMES IT SELLS.**

**INCLUDED IN ESCROW CASH ARE AMOUNTS RECEIVED FOR INSURANCE AND PROPERTY**

**TAXES ON SUCH HOMES.**

**PART V, LINE 4: TO BUILD HOUSES FOR LOW INCOME FAMILIES.**

**PART X, LINE 2: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED**

**STATES OF AMERICA PRESCRIBE ATTRIBUTES FOR THE FINANCIAL STATEMENT**

**Part XIV** Supplemental Information (continued)

RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN. IT REQUIRES AFFIRMATIVE EVALUATION THAT IT IS MORE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL MERITS OF A TAX POSITION, THAT AN ENTERPRISE IS ENTITLED TO ECONOMIC BENEFITS RESULTING FROM POSITIONS TAKEN IN INCOME TAX RETURNS. IF A TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS, AND ADDITIONAL DISCLOSURES ABOUT UNCERTAIN TAX POSITIONS ARE REQUIRED.

HABITAT'S EVALUATION AS OF JUNE 30, 2011 REVEALED NO TAX POSITIONS THAT, IF OVERTURNED, WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. THE 2007 THROUGH 2009 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. HABITAT DOES NOT BELIEVE THAT ANY REASONABLE POSSIBLE CHANGES WILL OCCUR WITHIN THE NEXT TWELVE MONTHS THAT WILL HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**DAYTON OHIO HABITAT FOR HUMANITY INC**

Employer identification number

**31-1104456**

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 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   |                               |   |  |  |
| 9 Securities - Publicly traded                                  |                               |   |  |  |
| 10 Securities - Closely held stock                              |                               |   |  |  |
| 11 Securities - Partnership, LLC, or<br>trust interests         |                               |   |  |  |
| 12 Securities - Miscellaneous                                   |                               |   |  |  |
| 13 Qualified conservation contribution -<br>Historic structures |                               |   |  |  |
| 14 Qualified conservation contribution - Other                  |                               |   |  |  |
| 15 Real estate - Residential                                    | X                             | 4   | 62,030.  | COMPARABLES  |
| 16 Real estate - Commercial                                     |                               |   |  |  |
| 17 Real estate - Other  |                               |   |  |  |
| 18 Collectibles   |                               |   |  |  |
| 19 Food inventory   |                               |   |  |  |
| 20 Drugs and medical supplies                                   |                               |   |  |  |
| 21 Taxidermy  |                               |   |  |  |
| 22 Historical artifacts   |                               |   |  |  |
| 23 Scientific specimens   |                               |   |  |  |
| 24 Archeological artifacts                                      |                               |   |  |  |
| 25 Other ► ( <u>APPLIANCES / CO</u> )                           | X                             | 13  | 35,496.  | COMPARABLES  |
| 26 Other ► ( )  |                               |   |  |  |
| 27 Other ► ( )  |                               |   |  |  |
| 28 Other ► ( )  |                               |   |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes No

|     |  |   |
|-----|--|---|
| 30a |  | X |
|-----|--|---|

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

|    |  |   |
|----|--|---|
| 31 |  | X |
|----|--|---|

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

|     |  |   |
|-----|--|---|
| 32a |  | X |
|-----|--|---|

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2010)

**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

**2010**

Open to Public  
Inspection

Name of the organization

**DAYTON OHIO HABITAT FOR HUMANITY INC**

Employer identification number

**31-1104456**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**AFFORDABLE, ENERGY-EFFICIENT HOME.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**WITH VOLUNTEERS AND HOMEOWNERS. WE ARE CURRENTLY BUILDING NEW, ENERGY-EFFICIENT HOUSES AND/OR REHABING SELECT FORECLOSED AND ABANDONED PROPERTIES IN SAFE NEIGHBORHOODS WITH AN AFFORDABLE REAL ESTATE TAX BASE. OUR ANNUAL PRODUCTION HAS BEEN STEADY AT COMPLETING 8-10 HOMES FOR SEVERAL YEARS. FUNDING FOR ACQUISITION AND CONSTRUCTION/RENOVATION IS SECURED FROM CONTRIBUTIONS AND GRANTS AND IS PLEDGED OR IN PLACE BEFORE BREAKING GROUND. CONSTRUCTION IS ACCOMPLISHED WITH PURCHASED AND/OR DONATED GOODS AND MATERIALS USING A COMBINATION OF VOLUNTEER AND PAID SKILLED TRADE LABOR, INCLUDING "SWEAT EQUITY" BY THE HABITAT PARTNER FAMILIES. HABITAT HOMES ARE SOLD UNDER THE TERMS OF NO-PROFIT CONSTRUCTION AND NO-INTEREST MORTGAGES. EACH FAMILY'S MONTHLY MORTGAGE PAYMENT GOES INTO A REVOLVING FUND, WHICH IS USED TO FUND THE CONSTRUCTION OF ADDITIONAL HOMES. EACH PROJECT IS EVALUATED BY 1) BUILDING THE HOUSE WITHIN BUDGET; 2) COMPLETING THE HOUSE ON SCHEDULE; 3) EFFECTIVELY MATCHING VOLUNTEER SKILLS TO CONSTRUCTION NEEDS; 4) EXPERIENCING NO CONSTRUCTION ACCIDENTS OR INJURIES; 5) ASSURING THAT THE HOMEOWNER IS SATISFIED WITH THE FINISHED HOUSE; AND 6) MEETING OR EXCEEDING FUNDERS' EXPECTATIONS.**

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

**FROM LANDFILLS THROUGH RECYCLING CENTERS.**

Name of the organization

DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number

31-1104456

## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FAMILY SIZE; (2) ABILITY TO REPAY WITH VERIFIABLE INCOME; (3) DEBT TO-INCOME RATIO CANNOT EXCEED 40%; (4) IF EMPLOYED, AT LEAST 6 MONTHS ON THE JOB; (5) CURRENTLY LIVING IN SUBSTANDARD HOUSING; AND (6) A WILLINGNESS TO PARTNER THROUGH SWEAT EQUITY. SELECTED PARTNER FAMILIES ARE ASSIGNED A VOLUNTEER MENTOR AND ARE REQUIRED TO COMPLETE A 40-HOUR CURRICULUM OF WORKSHOPS AND SEMINARS, ALL OF WHICH ARE CRITICAL TO THE END RESULT OF THE PARTNER FAMILY BECOMING A RESPONSIBLE HOMEOWNER. SUBJECTS INCLUDE: MONEY SKILLS; HOME MAINTENANCE; LEGAL ISSUES; COMMUNITY INVOLVEMENT; COMMUNITY RESOURCES; HEALTHY LIFESTYLES, AND INSURANCE. POST-CLOSING SERVICES INCLUDE NEWSLETTERS, MANAGEMENT OF A VOLUNTARY HOMEOWNERSHIP ASSOCIATION, BUDGET MENTORING AS REQUIRED, MORTGAGE MANAGEMENT, COMMUNITY RESOURCE ASSISTANCE AND CONTINUING LIFE SKILLS EDUCATIONAL AND RECREATIONAL OPPORTUNITIES. THROUGHOUT THE YEAR, WE EVALUATE THE PROGRAM'S SUCCESS IN (1) CONTINUING TO ADD ELIGIBLE PROSPECTIVE HOMEOWNERS TO OUR PRE-CONSTRUCTION QUEUE, (2) MAINTAINING OUR POST-CLOSING FAMILIES AS RESPONSIBLE HOMEOWNERS (PAYING MORTGAGES AND CARING FOR PROPERTY), (3) HELPING OUR POST-CLOSING FAMILIES AND THEIR CHILDREN GROW AS SELF-SUFFICIENT, ENGAGED MEMBERS OF OUR COMMUNITY.

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VOLUNTEER SERVICES AND OTHER PROGRAM SERVICES: VOLUNTEERS ARE THE HEART OF DAYTON HABITAT FOR HUMANITY. MORE THAN 3,000 DEDICATED PEOPLE FROM TEENAGERS TO SENIOR CITIZENS VOLUNTEER WITH US EACH YEAR. DAYTON HABITAT'S MISSION BRINGS TOGETHER INDIVIDUAL AND GROUP VOLUNTEERS FROM CORPORATE, FAITH, EDUCATIONAL, AND COMMUNITY GROUPS TO ENSURE THAT EVERYONE MAY LIVE IN SAFE, DECENT, AND AFFORDABLE HOUSING. WE UTILIZE

Name of the organization

DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number

31-1104456

AN ON-LINE, PERSONALIZED VOLUNTEER REGISTRATION AND PLACEMENT OF SERVICE SYSTEM TO ASSURE THAT EVERY VOLUNTEER HAS THE OPPORTUNITY TO SELECT A SPECIFIC WORK SITE, LEARN NEW CONSTRUCTION SKILLS, INTERACT WITH OUR PARTNER FAMILIES, AND MEET THEIR PERSONAL AND/OR PROFESSIONAL COMMUNITY SERVICE GOALS WITH APPROPRIATE DOCUMENTATION AND RECOGNITION. WE PARTNER WITH AMERICORPS, SEVERAL EDUCATIONAL INSTITUTIONS WITH WORKFORCE DEVELOPMENT CURRICULUM, SERVICE LEARNING AND INTERNSHIPS, AND WITH THE COURT SYSTEM IN PROVIDING MANDATED COMMUNITY SERVICE OPPORTUNITIES. IN ADDITION TO ACTUALLY BUILDING OUR HOMES WITH VOLUNTEER LABOR, ALL OF OUR PROGRAMS AND OPERATIONS ARE HEAVILY STAFFED WITH VOLUNTEERS. SITE SELECTION, CONSTRUCTION, FAMILY SELECTION, CLASSROOM INSTRUCTORS, PERSONAL AND BUDGET MENTORS, PUBLIC RELATIONS AND COMMUNITY EDUCATION, FINANCE, NOMINATING, BOARD OF TRUSTEES AND STRATEGIC PLANNING ACCOUNT FOR 150-200 HIGHLY SKILLED PROFESSIONALS WHO VOLUNTEER THEIR TIME AND TALENTS ON BEHALF OF OUR PARTNER FAMILIES. WE SOLICIT, CULTIVATE, TRAIN, AND RECOGNIZE OUR VOLUNTEERS THROUGHOUT THE YEAR WITH MULTI-FACETED COMMUNICATION TOOLS THAT INCLUDE SOCIAL MEDIA, WEBSITE, PRINTED NEWSLETTERS, ANNUAL REPORT, AND PERSONAL VISITS TO FAITH-BASED ORGANIZATIONS, CORPORATIONS, SOCIAL AND SERVICE CLUBS. EXPENSES \$ 499,211. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE. FORM 990 IS REVIEWED BY THE ENTITY'S FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: PERIODIC REVIEWS ARE CONDUCTED TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE

Name of the organization

DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number

31-1104456

PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS  
TAX-EXEMPT STATUS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTOR REVIEWS THE  
PERFORMANCE OF THE EXECUTIVE DIRECTOR ANNUALLY; THE EXECUTIVE DIRECTOR  
REVIEWS THE PERFORMANCE OF OFFICERS AND KEY EMPLOYEES ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION HAS ITS GOVERNING  
DOCUMENTS, TAX RETURNS, AND CONFLICT OF INTEREST POLICY AVAILABLE FOR  
PUBLIC INSPECTION UPON THE REQUEST OF THIS INFORMATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 19,268.

INVESTMENT EXPENSES: -1,844.

TOTAL TO FORM 990, PART XI, LINE 5 17,424.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.