Expenses

Net Assets

18

19

990 Return of Organization Exempt From Income Tax Form 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 Department of the Treasury Internal Revenue Service 2007 For the 2007 calendar year, or tax year beginning 7/01/07, and ending Open to Public Inspection 6/30/08 Check if applicable: Please C Name of organization use IRS Rutherford County Area Habitat Address change Employer identification number label or 94-3099406 for Humanity Name change print or Number and street (or P.O. box if mail is not delivered to street address) E Telephone number type. Initial return See Room/suite 615-890-5877 P.O. Box 8038 Termination Specific Accounting method: | Cash City or town, state or country, and ZIP + 4 Instruc-Accrual Other (specify) Amended return tions. Murfreesboro TN 37133-8038 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H and I are not applicable to section 527 organizations. trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Website: N www.rutherfordhabitat.org H(b) If "Yes," enter number of affiliates Organization type (check only one) ► X 501(c) ( 3 ) ◄(insert no.) 4947(a)(1) or 527 H(c) Are all affiliates included? (If "No," attach a list. See instructions.) if the organization is not a 509(a)(3) supporting organization and its gross H(d) Is this a separate return filed by an receipts are normally not more than \$25,000. A return is not required, but if the organization chooses organization covered by a group ruling? X Yes No to file a return, be sure to file a complete return. Group Exemption Number▶ 8545 M Check ▶ ☐ if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,348,668 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: Contributions to donor advised funds а Direct public support (not included on line 1a) 578,345 Indirect public support (not included on line 1a) C Government contributions (grants) (not included on line 1a) ď 21,000 Total (add lines 1a through 1d) (cash \$ 561,086 noncash \$ e 38,259 Program service revenue including government fees and contracts (from Part VII, line 93) 2 1e 599,345 Membership dues and assessments 2 718,032 3 Interest on savings and temporary cash investments 4 3 Dividends and interest from securities ..... 5 4 4,053 Gross rents \_\_\_\_\_ 6a Less: rental expenses 6b Net rental income or (loss). Subtract line 6b from line 6a 6c Gross amount from sales of assets other 7 8a (A) Securities than inventory (B) Other 8<u>a</u> Less: cost or other basis and sales expenses 8b Gain or (loss) (attach schedule) Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check her 8d Gross revenue (not including \$ contributions reported on line 1b) Less: direct expenses other than fundraising expenses \_\_\_\_\_\_\_\_\_\_9b Net income or (loss) from special events. Subtract line 9b from line 9a ..... 10a 9c Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a Other revenue (from Part VII, line 103) 11 10c Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 11 27,238 Program services (from line 44, column (B)) 13 12 1,348,668 Management and general (from line 44, column (C)) 14 13 1,014,366 Fundraising (from line 44, column (D)) 15 14 81,578 Payments to affiliates (attach schedule)

See Statement 1 16 15 68,531 Total expenses. Add lines 16 and 44, column (A) 16 17 5,000 Excess or (deficit) for the year. Subtract line 17 from line 12

Net assets or fund balances at beginning of year (from line 73, column (A))

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Privacy Act and Paperwork Reduction Act Notice, see the separate

1,169,475

1,500,687

179,193

17

18

19

iii) the amount allocated to Management and genera\$

AAC

Form 990 (2007) Rutherford Count Part II Statement of All organia	mization				South- Cold him
Functional Expenses organiz  Do not include amounts reported on I	ations and	section 4947(a)(1) no	nexempt charitable trus	ts but optional for others	section 501(c)(3) . (See the instru
6b, 8b, 9b, 10b, or 16 of Part I.	ine  -	(A) Total	(B) Program	(C) Management	1
22a Grants paid from donor advised funds (attach sche		(A) Total	services	and general	(D) Fundrai
(cash\$cash \$	edule)			visiber (\$15) is given	COLUMN OF COLUMN
If this amount includes foreign grants, check here				and the second second	100000000000000000000000000000000000000
22b Other grants and allocations (attach schedule)	╸╌	22a			
(cash\$non-cash \$				ASSESSMENT OF THE RES	110 00 10 6464
If this amount includes foreign grants, check here				77 9 E N 3 O O O O	30.00
23 Specific assistance to individuals (attach	<b>~</b>	2b			10 (00 (00 (00 (00 (00 (00 (00 (00 (00 (
schedule)	1.				
schedule)  24 Benefits paid to or for members (attach	·····   <u>-</u> 2	3			3.00 (2.00 (2.00 )
schedule)					Barata Harabara
schedule) 25a Compensation of current officers, directors,	2	4			
key employees, etc. listed in	1				
Part V-A See Statement	a				
b Compensation of former officers, directors,	<u> 25</u>	a 48,72	0 16,240	16,240	16,2
key employees, etc. listed in					10,2
Destala	}				
c Compensation and other distributions, not included a	25	b			
to disqualified persons (as defined under section	above,				
4958(f)(1)) and persons described in a section					
4958(f)(1)) and persons described in section 4958(c)	(3)(B) 250	3		1	
6 Salaries and wages of employees not included				-	
on lines 25a, b, and c  Pension plan contributions not included on	26	220,54	2 191,967	10,018	10 =
lines 25a h, and a				20,010	18,5
lines 25a, b, and c	27	369	369		
. Employee benefits not included on lines	i				
25a – 27					
1 dji tukes		22,560	17,452	2,197	
i roroodional fundralsing lees				2,191	2,9
Accounting lees	9.4	6,250		6 250	
_+3u11000	22			6,250	·
Cappino	1 22		<del> </del>		<del></del>
	34	7,200	5,270	00.6	
· ootago ana shipping	25	2,880		986	94
o occupantly	36	23,525		2 000	
		6,437		3,223	3,08
1 mining and publications	ી રશ	4,109		5,132	
110101			1,561	946	1,60
estinos, conventions, and meetings	40	9,721	9,721		
interest	أمدا	75,454			
Free and a conclosi, etc. (attach schedule)	42	28,280		10,338	9,88
Utilet expenses not covered above (termina):	1 1	20,280	18,070	7,293	2,91
See Statement 3	43a	708,428	677 070		
	43b	700,428	677,079	18,955	12,39
	43c	*			
***************************************	43d				
	430				
	43e				
	431				
otal functional expenses. Add lines 22a	43g				
nrough 43g. (Organizations completing		1			
olumns (B)-(D), carry these totals to lines		[	Ì		
3-15)					
3-15)	44	1,164,475	1,014,366	81,578	68,531
ny joint costs from a combined educational campaign a "enter (i) the aggregate amount of these joint costs					

; (ii) the amount allocated to Program services \$\_\_\_\_\_

; and (iv) the amount allocated to Fundraising\$

(Grants and allocations \$

(Grants and allocations \$

Other program services (attach schedule)

Total of Program Service Expenses (should equal line 44, column (B), Program services)

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

1,014,366 Form **990** (2007)

AAC

1,679,880

1,500,687

2,837,717

equal line 21)

Total liabilities and net assets/fund balances. Add lines 66 and 73

IVEL ASSETS OF Fund Balances

Liabilities

Form 990 (2007) Part IV-A	Rutherford County Area Habitat Reconciliation of Revenue per Audited Files		94-309	9406		Page :
The state of the s	Reconciliation of Revenue per Audited Financia instructions.)	al Stat	tements With	Revenue p	er Retur	n (See the
a Total revenu	e, gains, and other support per audited financial statements					
<b>b</b> Amounts inc	luded on line a but not on Part I, line 12:	• • • • • •			a	1,348,668
<ol> <li>Net unrealize</li> </ol>	ed gains on investments		1		20000	
2 Donated sen	rices and use of facilities					
4 Other (specif	y):	• • • • • •	b3		369	
					25.	
Add lines b1	through <b>b4</b> b from line a		b4		350 Ok	
c Subtract line	from line a				ь	
d Amounts inclu	of from line a			• • • • • • • • • • • • • • • • • • • •	С	1,348,668
1 Investment ex	Denses not included on Bort Libra of				(4) (c)	
2 Other (specify	penses not included on Part I, line 6b		d1		300 200	
(,	):					
Add lines d1 a	***************************************		1 42 1		32-31	
Total revenue	nd d2 (Part I, line 12). Add lines c and d				- M	
Part IV-B	Page notified and fines c and d	<u></u> .	************			1 349 660
Total avenue	(Part I, line 12). Add lines c and d  Reconciliation of Expenses per Audited Financia s and losses per audited financial statements	<b>Stat</b>	ements With	Expenses	or Potus	1,348,668
				<u>=poi.ioco p</u>	1 1	
			***********		a	1,169,475
1 Donated service	es and use of facilities		b1			
2 Prior year adjus	surients reported on Part I, line 20		b2	·		
	4 Sit i dit i, mie 20		b3	<del></del>		
4 Other (specify):	***************************************	• • • • •			1/8 č	
	• • • • • • • • • • • • • • • • • • • •	• • • • •	b4			
Add lines b1 the	ough b4	• • • • •	D4	<del></del>		
Subtract line b		• • • • • • •			b	<del></del>
Amounts includ	ed on Part I, line 17, but not on line a:	• • • • • • •		•••••	_c	1,169,475
1 Investment expense.	enses not included on Part I, line 6h	ı	1			······································
2 Other (specify):		····· }	_d1			
**********		٠٠٠٠٠			46	
Add lines d1 and	i d2	L	_d2			
Total expenses	(Part I, line 17). Add lines c and d				d	
Part V-A C	urrent Officers, Directors, Trustons, and Kar F	<u> </u>	<u> </u>	▶	е	1,169,475
or	urrent Officers, Directors, Trustees, and Key Empkey employee at any time during the year even if they were not o	ploye	es (List each per	rson who was ar	officer, di	rector, trustee.
			sated.) (See the	instructions.)		,,
	(A) Name and address	Title	(B) and average hours per ek devoted to position	(C) Compensatio (If not paid, ente	(D) Contribe	utions to (E) Expense
		wee	ek devoted to position	(11 not paid, ente	plans & def	utions to penefit erred account and other allowances
See Statement 8	***************************************					i Dialis
				_	1	
***************						
• • • • • • • • • • • • • • • • • • • •						<del></del>
	***************************************				··	
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*************	***************************************					
				i		

	Form 990 (2007) Rutherford County Area Habitat Rart V-A Current Officers Directors Trustees and K	94-30	99406		
		laser ( C			Yes No
	<ul> <li>75a Enter the total number of officers, directors, and trustees permitted to vote on or meetings</li> <li>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V employees listed in Schedule A, Part I, or highest compensated professional and contractors listed in Schedule A, Part II-A or II-B, related to each other through for relationships? If "Yes," attach a statement that identifies the individuals and explicit.</li> </ul>	ganization business  1  A, or highest competed other independent	at board 5 ensated		75b X
	<ul> <li>Do any officers, directors, trustees, or key employees listed in Form 990, Part V-compensated employees listed in Schedule A, Part I, or highest compensated prindependent contractors listed in Schedule A, Part II-A or II-B, receive compensa organizations, whether tax exempt or taxable, that are related to the organization the definition of "related organization."</li> <li>If "Yes," attach a statement that includes the information described in the instruction of the organization have a written conflict of interest policy?</li> <li>Part V-B</li> <li>Former Officers, Directors, Trustees, and Key Employee received compensation.</li> </ul>	ofessional and other fion from any other? See the instructions ons.	s for	ensation or C	75c X  75d X  Other Benefits
_	(If any former officer, director, trustee, or key employee received comperson below and enter the amount of compensation or other benefits	pensation of other be	enefits (describ	ed below) during	the year, list that
_	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other
 —	N/A		enter-0-)	compensation plans	allowances
				·	
	······································				
					<del></del>
					<del></del>
					<del></del>
 P	art VI Other Information (See the instructions.)				<u> </u>
76	Did the organization make a change in its activities or methods of conducting activities detailed statement of each change.				Yes No
77	Were any changes made in the organizing or governing documents but not reported If "Yes," attach a conformed copy of the changes	to the IRS?	• • • • • • • • • • • • • • • • • • • •	70	3 X
78a	Did the organization have unrelated business gross income of \$1,000 or more during this return?				
ь 79	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the	year? If "Yes," attacl	 า	78b	<del></del>
30a	Is the organization related (other than by association with a statewide or nationwide or common membership, governing bodies, trustees, officers, etc., to any other exempt organization?		*************		X
	If "Yes" enter the name of the appearing to			80a	X
1a		eritis exempto		mpt O	

	Form 990 (2007) Rutherford County Area Habitat 94-3	099406				
	Other Information (continued)					Page 7
	82a Did the organization receive donated services or the use of materials, equipment, or facilities at no or at substantially less than fair regular labels.	charge	······································		Yes	No
	-: at obotal many less than rail remai value?				3.	į
	100, you may indicate the value of these items here. Do not include this		• • • • • • • • • • • • • • • • • • • •	82a	X	8 15 mg N-10
	amount as revenue in Part I or as an expense in Part II.					
	(See instructions in Part III.)	82b	30 25			
ł	bid the digarization comply with the highir inspection requirements for any		38,25		3	
_	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions  Did the organization solicit any contributions or gifts that were not tax deductible?	?		83a	X	<b></b>
ď	Did the organization solicit any contributions or gifts that were not tax deductible?			83b	X	<del></del>
	b if res, did the organization include with every solicitation an express statement that such contributions	itions or		84a	Biographics	X
	girlo were not tax deductible?		N/A			
8						
	bid the organization make only in-house lobbying expenditures of \$2,000 or local		N/A	85a		
	and of the one	anization	·····:::::::::::::::::::::::::::::::::	85b	381658N	installing in
	A Market for broxy ray owed for the prior year					
	c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures.	85c		503.09	Alicela	
						A Marie
	y againgate mondeductible amount of section 6033(a)(1)(A) duos noticos			-		
	and political expenditures line 85d less 85e)	85f	·	1		
	o and the amount or or the pay the section bussies tay on the amount on line octo		N/A	James or-	er er er	Charles
	in Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the	ne 85f	·····::::#% <del>ff</del>	85g	23 252 0	CHARGA:
	to the reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for	the		100		
86	iono miligitax year:		N/A	85h	Mari I	Anne.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	86a	········ <del>·····························</del>	oon	454.55 A	åd isase.
87	- 2, 100 public use of club facilities	86b				
	oo (o)(12) orgs. Effer, a Gross income from members or shareholders	87a			919	
	Cross income from other sources. (Do not net amounts due or paid to other					
888	sources against amounts due or received from them.)	87b				
000	2 7 carry arms during the year, did the organization own a 50% or greater interact in a tau-bland	on or			(2) T	
	per and only disregalded as separate from the organization under Doculetiens and the		ì			
ŀ	oo ro reg and oo ro reg, complete Part IX		l	88a		X
•	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	ie	************	004		<u>~</u> _
89a	modifing of Scotloff S12(D)(13)(1) Tes." Complete Part XI		<b>▶</b>	88b	,	X
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			300 B	SSAT S	Mark:
b	1 • 13CGQH 4917 <b>-</b> 11 1 t 40	<b>&gt;</b>	o	0.0	east inc	
•	The state of the s	tion				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," att a statement explaining each transaction	ach				
С	Enter: Amount of tax imposed on the organization		N/A	89b	**************************************	And to
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				31 25	en.
ď	Enter: Amount of tax on line 90g, above arrivals and 4958	▶	0			
е	Enter: Amount of tax on line 89c, above, reimbursed by the organization  All organizations. At any time during the taxons are the formula of the taxons are taxons are the taxons are taxons ar	. · ·	0			ANT.
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelt transaction?	er			6	2000 2000 2000
f			\( \frac{1}{2} \)	89e	X	.6356) •
g	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance of supporting organizations and sponsoring organizations maintaining distributions.	ontract?		39f	X	<del>-</del>
				100		- 
	supporting organization, or a fund maintained by a sponsoring organization, have excess business how at any time during the year?					
90a	List the states with which a copy of this return is filed  TN	*******		9g	X	444
b	Number of employees employed in the pay period that the same start is liked.	*****				_
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)				• • • • • •	•
91a	The books are in care of h. Roth M. Guill		90b		13	3
	850 Mercury Blvd.		b. ► 615-8	90-5	877	_
	Located at Murfreesboro, TN				• • • • •	*
b	At any time during the calendar year did the organization have	ZIP + 4 ▶ 3	7133-803	3 .		
	At any time during the calendar year, did the organization have an interest in or a signature or other autover a financial account in a foreign country (such as a back assessment).				• • • • • •	
	account)?	cial		Yes	No	-
	If "Yes," enter the name of the foreign assure.	*********	9-		X	-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba		1716	20	1	<u></u>
	and Financial Accounts.	nk				j Ž
DAA						4

Part VI Other Information (continued)					Yes Yes
c At any time during the calendar year, did the organization m  If "Yes," enter the name of the foreign country ▶	naintain an office oi	utside of the United	States?		91c
If "Yes," enter the name of the foreign country ▶  92 Section 4947(a)(1) nonexempt charitable trusts filing Form and enter the amount of tax-exempt interest received or acceptant VIII Analysis of Income-Producing Activ	000 to 11			*************	
and enter the amount of tax-exempt interest received or and	aso in lieu of Form	1041—Check here			
Part VIII Analysis of Income-Producing Activ	ities (See the	year	<u> </u>	92	
Note: Enter gross amounts unless otherwise	trios (Oce line	instructions.)	<del></del>		
indicated.		business income	Excluded	1 by section 512, 513, or 514	(F)
93 Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion		(E) Related or
a Mortgage transfers	<u> </u>	,	code	Amount	exempt function income
b Mortgage disc amortization					256,42
c Restore income	-				109,06
d	·		5	352,548	
e	·				
f Medicare/Medicaid nayments	·				
f Medicare/Medicaid payments g Fees and contracts from government agencies					
- memberomp ddcs and assessifierits					
of interest on savings and temporary cash investments			14	4,053	
				*,000	
Net remain come or (loss) from real estate.	Sp. Service and over	Section of the second of		O TO PROBLEM	
midirood property					
goot migrioca bionella				<del></del>	
The second informe of 1022) Italii Delegonal proporti					
other investment income					
The state of the s					
I Net income of (loss) from special evente				··	
2 Closs profit of (loss) from sales of inventory					
o Other revenue: a		<del></del>			
b Other Revenue			<del></del>		
С		-			27,238
d			<del> -</del> -		
e					
Subtotal (add columns (B), (D), and (E))		0.89			
Total (add line 104, columns (B), (D), and (F))		U	Aug Septile	356,601	392,722
te: Line 105 plus line 1e, Part I, should equal the amount on line 12	7 Dort I			<b>&gt;</b>	749.323
Relationship of Activities to the Accom	nlichmant of F				
Relationship of Activities to the Accom  Explain how each activity for which income is report of the organization's exempt purposes (other than b	ibustilleut of E	Exempt Purpos	es (Se	the instructions	.)
of the organization's exempt purposes (other than b	ea in column (E) of V providing funds fo	Part VII contribute	d importa	ntly to the accomplish	ment
3a Mortgage transfers represe		· -usi. parposes).			
3a Mortgage transfers represe 3b Imputed interest earned as 03a Mainly proceeds from payof	nt total	cost of ho	omes	deeded	
03a Mainly proceeds from payof	nomeowne:	rs make pa	ymen	ts on	
03a Mainly proceeds from payof	r or zna i	mortgages	upon	sales	
art IX Information Regarding Tayable Cut. : "					
Information Regarding Taxable Subsidi  (A)  Name, address, and EIN of corporation, partnership or die in the corporation, partnership or die in the corporation in th	aries and Disre	egarded Entitie	s (See	the instructions	<del></del>
portrorphia and a corporation, percentage of		(C) of activities		(D) al income	(E)
N/A ownership interest	Tatalo	or activities	101	al income	End-of-year
	%				assets
	%				
	%		<u> </u>		
rt X Information Regarding Transfer A	%				
	iated with Pers	onal Benefit C	Ontract	e /Soc that := 1	-0
<ul> <li>Did the organization, during the year, receive any funds, directly</li> <li>Did the organization, during the year, pay premiums, directly or</li> </ul>	y or indirectly, to na	IV premiume on a -	ereces!	s (See the Instru	
<ul> <li>Did the organization, during the year, pay premiums, directly or ote: If "Yes" to (b), file Form 8870 and Form 4720 (see instruction</li> </ul>	indirectly on a per	const honost and	ersoniai De	ment contract?	Yes X No
					Yes X No

Part X	Information Regarding Transis a controlling organization as	Area Habitat  Ifers To and From Control  Is defined in section 512(b	94-3099406 olled Entities. Comp o)(13).	lete only if the	organizati	on F	⊃age
106 Di	d the reporting organization make any transfer Code? If "Yes," complete the schedule below	s to a controlled entity as define for each controlled entity.	d in section 512(b)(13) of			Yes	N
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description transfer	of	(I Amount	)) of tra	_
а,							
b	• • • • • • • • • • • • • • • • • • • •						
	Totals		ioni Seleto Logi, stranja di Perrangsula Logi di Seleto				
07 Did 512(	the reporting organization receive any transfer b)(13) of the Code? If "Yes," complete the sch	s from a controlled entity as defi edule pelow for each controlled	ined in section entity.		Y		No X
	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer		(D) Amount of		
						<del></del> -	
	Totals		38 P. 18			-	_
B Did th rents,	e organization have a binding written contract i royalties, and annuities described in question	107 above?		`	Yes	s N	<u> </u>
ease gn ere	Under penalties of perjury, I declare that I have exart and belief, it jetrue, correct, and complete. Declarate Signature of officer		lying schedules and statements based on all information of whic	s, and to the best of r th preparer has any k	ny knowledge nowledge.	<u> </u>	_
	Type or print name and title	reasurer			9 08		
id eparer's e Only	Preparer's signature  Firm's name (or yours Edmondson	Murgomen Betzler & Mostgo	Date Chec self-emplomery PLIC	oyed ▶	eparer's SSN or ee Gen. Instr. X	PTIN )	_
	if self-employed). 115 Penn W	arren Dr Ste 300		J EIN			

SCHEDULE A (Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Rutherford County Area Habitat for Humanit	- Ott		Employer ident	
Compensation of the Five Highest Paid Employee (See page 1 of the instructions. List each one. If the	es Other I han Offic	ers, Directors, :	and Trustee	s
(a) Name and address of each employee paid more than \$50,000	(b) Title and average ho per week devoted to pos	urs	(d) Contributions to empl. benefit plans	(e) Expense account and other
NONE		401	& deferred comp.	allowances
				<u> </u>
				<u> </u>
Total number of other employees paid over \$50,000			2000	
Part II-A Compensation of the Five Highest Paid Independent	nt Contractors for	Professional Ca		Addition of
- List each one (when	1er mawanale or tir	ms) If there are	rvices	• PKI 11\
(a) Name and address of each independent contractor paid more than \$50,	.000	(b) Type of ser	3	NONE. ) Compensation
NONE		( ) , , , , , , , , , , , , , , , , , ,	(6)	Compensation
				<del></del>
		<del></del>		
otal number of others receiving over \$50,000 for		Skriggathe moderator best conference con-	White Comment of the Comment of the Comment	
ofessional services				
Part II-B Compensation of the Five Highest Paid Independen (List each contractor who performed services other the firms. If there are none, enter "None." See page 2 of the page 3 of th	ian professional se the instructions)	Other Services rvices, whether	individuals o	r
(a) Name and address of each independent contractor paid more than \$50,00	00	(b) Type of servi	ce (c) Co	mpensation
DNE				
				· · · · · · · · · · · · · · · · · · ·
				······································
al number of other contractors receiving over  0,000 for other services		antigram (SAS) (CAS)		4 5 5 W

3	Schedule A (Form 990 or 990-EZ) 2007 Rutherford County Area Habitat 94-3099406			D
20000	Part III Statements About Activities (See page 2 of the instructions.)		Voc	Page
	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		res	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	. 1		X
2	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
6	Sale, exchange, or leasing of property?	2a		X
Ł		2b		
С				<u> </u>
ł		_2c		<u>X</u>
•		2d	X	<del></del>
ì	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	2e		X
	Did the organization have a section 403(b) annuity plan for its employees?	3a 3b		X
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x x
	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u>^</u> _
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete			
	Did the organization make any taxable distributions under section 4966?	4a 4b	<u>                                     </u>	<u>x</u> _
	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	Enter the total number of donor advised funds owned at the end of the tax year			
	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			<del></del>
	Enter the aggregate value of assets hold in all find-		0	·
_	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

4 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2006 (b) 2005 (c) 2004 (d) 2003 (e) Total Gifts, grants, and contributions received. (Do 355,354 not include unusual grants. See line 28.) 413,588 399,050 402,946 1,570,938 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 790,572 512,315 438,543 250,060 1,991,490 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 5,912 2,944 organization after June 30, 1975 1,441 820 11,117 19 Net income from unrelated business activities not included in line 18 0 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge , 0 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Stmt 9 32,730 24,079 25,386 1,704 83,899 1,184,568 23 952,926 Total of lines 15 through 22 864,420 655,530 3,657,444 393,996 24 440,611 Line 23 minus line 17 425,877 405,470 1,665,954 11,846 9,529 25 Enter 1% of line 23 8.644 6, 555 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 33,319 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 177,948 26b Total support for section 509(a)(1) test: Enter line 24, column (e) 1,665,954 26c Add: Amounts from column (e) for lines: 18 83,899 26b 26d 272,964 e Public support (line 26c minus line 26d total) 1,392,990 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 83.6152% Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) (2004) (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) (2005) Add: Amounts from column (e) for lines: \_ 21 d Add: Line 27a total and line 27b total 27d Public support (line 27c total minus line 27d total) ..... 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g % Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

29 Does the organization have a recially monitorismost policy toward students by statement in tic charter, bytiaws, N/A eg lot other operating instrument, in an accolution of its operaning body provides a statement of its receiving recipitation include a statement of its receiving monitorism with the property toward students in all its brochures, catilogiaes, and other written communications with the public dealing with substant admissions, programs, and scholarships?  19 Has the congranization publicated list adually nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy strongs that all parts of the general community it is tenses?  18 **Tyes,** please describe; if "No.** please explain. (If you need more space, attach a separate statement.)  29 **Does the organization maintain the following:  20 **Does the organization maintain the following:  21 **Tyes,** please describe; if "No.** please explain. (If you need more space, attach a separate statement.)  22 **Does of all catalogues, broothures, amouncements, and other written communications to the public dealing with student admissions, programs, and scholarships?  22 **Does of all material used by the organization or on its behalf to selfact contributions?  23 **Does of all material used by the organization or on the behalf to selfact contributions?  24 **Sudents* rights or privileges?  25 **Sudents* rights or privileges?  26 **Employment of faculty or administrative staff?  27 **Sudents* rights or privileges?  28 **Sudents* rights or privileges?  29 **All Electric programs?  29 **All Electric programs?  20 **Community and discriminate by race in any way with respect to:  29 **Sudents* rights or privileges?  29 **All Electric programs?  20 **Community and discriminate by race in any way with respect to:  29 **Sudents* rights or privileges?  30 **Community and discriminate by race in any way with respect to:		(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
before poverring instrument, or in a resolution of its governing body?  Does the organization include a statement of its aday nondiscriminatory policy toward students in all its brotheres, calislogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  14 Has the organization publicitized its radially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for subtents, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  15 If "Yes," please describe; if "No," please explain, (if you need more space, attach a separate statement.)  16 Peccrits documenting that scholarships and other financial assistance are awarded on a radially nondiscriminatory basis?  17 Copies of all catalogues, broothuses, announcements, and other written communications to the public dealing with student admissions, programs, and escholarships?  17 Copies of all catalogues, broothuses, announcements, and other written communications to the public dealing with student admissions, programs, and escholarships?  18 Copies of all anterior used by the organization on this behalf to solid contributions?  28 of Copies of all anterior used by the organization on this behalf to solid contributions?  29 description of the during the programs of the programs of the public dealing with student admissions, programs, and escholarships?  29 description of faculty or administrative staff?  29 description of the staff of the general antable destriptio	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws.	/A	Yes	No
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its trochures, catalogues, and other written communications with the public dealing with attent admissions, programs, and scholarships?  Has the capitalization for students, or during the registration period if it has no solicitation program, in a way that makes the policy innov not all parts of the general community it serves?  If "Yes," please describe; if "No," please explain, (if you need more space, attach a separate statement.)  22 Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?  a Records indicating the racial composition of the student body, faculty, and administrative staff?  32 Does the organization maintain the following:  a Records indicating the racial composition of the student body, faculty, and administrative staff?  4 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  5 Copies of all material used by the organization or on its behalf to solicit contributions?  32 Does the organization discriminate by race in any way with respect to:  33 Does the organization discriminate by race in any way with respect to:  34 Students' rights or privileges?  35 Admissions policies?  36 Educational plicides?  37 Athletic programs?  38 Athletic programs?  39 Athletic programs?  30 Oses the organization receive any financial aid or assistance from a governmental agency?  34 Does the organization receive any financial aid or assistance from a governmental agency?  36 Does the organization certify that it has compiled with the applicable requirements of sections 4.0ft through 4.05		other governing instrument, or in a resolution of its governing body?			
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c Coples of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  d Coples of all material used by the organization or on its behalf to solicit contributions?  32d  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  33 Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?  33a  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  33f  f Use of facilities?  g Athletic programs?  h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  34a  Does the organization receive any financial aid or assistance from a governmental agency?  34b  H as the organization receive any financial aid or assistance from a governmental agency?  34b  If you answered "Yes" to either 34a or b, please explain using an attached statement.		***!!*!*!*!*!*!*!*!*!*!*!*!	32b		
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35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	-	1,	34D	15.00 SO	Sibsia.
Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		, and the state of			
of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation 35	35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	1000		
		of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	to tribe? [2553	645.0

Schedule A (Form 990 or 990-EZ) 200 Part VI-A Lobbying Exp	penditures by Elec	ting Public Cha	rities (See page :	11 of the inet	3099	9406 Page (
(TO be comple	eteu ONLY by an e	<u>ligible organizati</u>	<u>on that filed Form</u>	<u>า 5768) พ</u>	/A	•
	belongs to an affiliated		b if you ch	necked "a" and "	limited o	control" provisions apply.
Limits	s on Lobbying Exp	penditures		(a) Affiliated gr	้อนอ	(b)
(The term "exp	enditures" means amou	ints paid or incurred.)		totals		To be completed for all electing organizations
36 Total lobbying expenditures to influ	ence public opinion (ara	essroots Johhving)	20			
or i oral lobbying expenditures to influ	ence a legislative hody	(direct lobbying)	0.7			
36 Total lobbying expenditures (add lif	ies 36 and 37)		38			
33 Onici exempt purpose expenditure	5		ا مما			
40 Total exempt purpose expenditures	(add lines 38 and 39)		40			
41 Loopying nontaxable amount, Enter	r the amount from the fo	flowing table-		St. American St.	i di di	
If the amount on line 40 is-	The lobbying	nontaxable amount	is-	POST CHOCK	interest	Constant a second
Not over \$500,000	20% of the amou	int on line 40		ACCOMPANIES.		a some dealers to the co
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	5% of the excess over \$5	00,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	1% of the excess over \$1	,000,000	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Over \$1,500,000 but not over \$17,000,00	0 \$225,000 plus 59	6 of the excess over \$1,5	500,000	S CHARLES TO LIVE TO	i ki kwa ka	
Over \$17,000,000	\$1,000,000			ongs edus, regal registr and survey and survey and		
42 Grassroots nontaxable amount (ente	er 25% of line 41)		امدا	A CONTRACTOR OF STREET,	es27651547385455	
40 Subtract little 42 from little 36. Enter.	·0- If line 42 is more that	n line 36	1 40 1			
44 Subtract line 41 from line 38. Enter-	0- if line 41 is more that	n line 38	44			
				and the con-		I .
Caution: If there is an amount on eit	ther line 43 or line 44, yo	ou must file Form 472	<u>.0.</u>	Marka de Pedr	South SEA	
	4-Year Ave	raging Period U	nder Section 501	(h)	and the same	
(Some organiza	ations that made a secti	on 501(h) election do	not have to complete	all of the five col	umns ba	elow
	See the instructions t	or lines 45 through 5	on page 13 of the ins	structions.)		
-			penditures During 4-)		Period	
Calendar year (or	(a)	(b)	(c)	(d)		
fiscal year beginning in)	2007	2006	2005	2004	]	(e)
Am ( ) )				1		Total
45 Lobbying nontaxable amount	Calving L. Service College				ľ	
46 Lobbying ceiling amount (150% of	and reducing the fi		a comba di Alb		Side Titani	· · · · · · · · · · · · · · · · · · ·
line 45(e))				210 20 20 20	31.44	
47 Total lobbying expenditures						
48 Grassroots nontaxable amount						-
49 Grassroots ceiling amount (150% of				24		
line 48(e))				Grand Control		<del>-</del>
	NAC WARRIES STATE OF					
Grassroots lobbying expenditures						
	y by Nonelecting	Dudalia Charatti		<u> </u>		
(For reporting on	y by organizations	that did not some				
Ouring the year, did the organization attem	ent to influence national	triat did flot con	ipiete Part VI-A)	(See page 14	of the	instructions.)N/A
ttempt to influence public opinion on a leg	Prior minucince national.	State of incal legistal	TOD including any	Yes	No	<del></del>
a Volunteers	polative matter or refere	ndum, through the us	se of:	103	110	Amount
b Paid staff or management (Include c	Omnoncation in synan-					
c Media advertisements	ompensation in expense	es reported on lines o	through h.)			
d Mailings to members, legislators, or t	the nublic					
e Publications, or published or broadca	est statemente	• • • • • • • • • • • • • • • • • • • •				
<ul><li>e Publications, or published or broadca</li><li>f Grants to other organizations for lobb</li></ul>	Wind nurnoene					
	IXIIS COVERNMENT Atticls	uc ora logiclativa ka	al	1 1		
<ul> <li>Rallies, demonstrations, seminars, co</li> <li>Total lobbying expenditures (Add line</li> </ul>	niventions, speeches, to	ectures, or any other	means	1 1		
The second of the second secon	s c unough n.i			1922/35/35/3		
If "Yes" to any of the above, also atta	on a statement giving a	detailed description of	of the lobbying activitie	es.		

Sch P	edule A art VII	(For	Information Reg	garding	erford County Area Transfers To and Transacti See page 14 of the instructi	ons and Relationships With Noncharita	able	F	age 7
51	Did th	ne re	oorting organization dir	ectly or ind	irectly engage in any of the following	with any other organization described in section			
	501(c	of t	he Code (other than se	ection 501(c	c)(3) organizations) or in section 527	7, relating to political organizations?			
а	Trans	, sfers :	from the reporting args	nization to	a noncharitable exempt organizatio	, relating to political organizations?	ſ		
-								Yes	No
	(ii)	Othe	r accate	• • • • • • • • • • •			51a(i)		X
	(II)	- toons	sactions:			***************************************	a(ii)		X
b	Other	u and	sactions.				1 1		
	(i)	Sale	s or exchanges of ass	ets with a n	oncharitable exempt organization	***************************************	_ b(i)		X
	(11)	T UIV	1102022 01 022612 110111 9	i nonchanta	spie exempt organization		b(ii)		X
	1,,,,,	I COLI	ai oi iacililes, equipiti	ant, or other	asseis		b(iii)		×
	(iv)	Reim	ibursement arrangeme	ents		•••••	b(iv)		X
	1.7		Jan 1911/1999						X
	(vi)	Perfo	rmance of services or	membersh	ip or fundraising solicitations	•	b(v)		X
С	Sharin	a of	facilities, equipment, m	nailing lists.	other assets or paid employees		b(vi)		
d	If the a	answ	er to any of the above	is "Yes " co	emplete the following schoolule. Call	ımn (b) should always show the fair market value of	<u> </u>		X
•	annde	othe	er accete or continue	ivon hu tho	reporting accoming scriedule. Cold	inni (b) should always show the fair market value of	the		
	tropeo	, Ouic	or obsting or services t	iven by are	reporting organization, if the organi	ization received less than fair market value in any			
		CHOIL		nt, snow in	column (d) the value of the goods, o	other assets, or services received:			
	(a) Line no.		(b)		(c)	(d)			
			Amount involved	Name	of noncharitable exempt organization	Description of transfers, transactions, and sharing	arrangem	ents	
N/Z	7								
							<del></del>		
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				*******					
(	describe	ed in	zation directly or indire section 501(c) of the ( plete the following sch	Code (other	ed with, or related to, one or more ta than section 501(c)(3)) or in section		Yes	X	No
			(a)		(b)	(c)	· · · · · · · · · · · · · · · · · · ·		<del></del>
		N	ame of organization		Type of organization	Description of relationship			
N	/A						<del></del>		
	-								
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-									
						Schedule A (Form 99	0 or 990-F	EZ) 20	007

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions. ► Attach to your tax return. Rutherford County Area Habitat for Humanity

Identifying number 94-3099406

Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses 1 125,000 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation ..... 2 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-500,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .... Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12. 13 ne o Specialistic de la la propieta de Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 28,280 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2007 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property year placed in service (e) Convention (f) Method period (g) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property С 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. \$/L 40-year 40 yrs. S/L Summary (see instructions) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. 28,280 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 For Paperwork Reduction Act Notice, see separate instructions.

21

22

23

Forms 990-PF	Oti	her Notes an	d Loans Rece	eivable		
Alexan	For calendar year 2007, or	tax year beginning	7/01/0	7 , and ending	6/30/08	2007
Name Rutherford Cou	intv Area Habi	tat				ntification Num
for Humanity					94-300	2400
Form 000 D					94-3099	9406
Form 990, Part	IV, Line 51a	<u>- Additio</u>	onal Inform	ation		
Na	ame of borrower			Pelationship to	alla acceptor	
1) Loan Receiva	ble			Neiationship to t	disqualified persor	<u>1</u>
(2) (3)	·					
4)						
5)						
6)						
<u>7)</u> 8)	<u> </u>					
9)						
10)	and the same and the					<u></u>
		enen sajarā eksist	ging a size of the season of the	And the first state of the second state of the		
Original amount borrowed	Date of loan	Maturity date	_			Interest
)		date	<u> </u>	Repayment terms		rate
)				· · · · · · · · · · · · · · · · · · ·	h	
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0)						***************************************
		anteres ser e de		AMBRIGGI CANGLISTONIA	en e	
Security	provided by borrower					200
Occurry	provided by borrower		<u> </u>	Purpose o	f loan	
				<del></del>		
						<del></del>
		· · · · · · · · · · · · · · · · · · ·				
						<del></del>
)					· · · · · · · · · · · · · · · · · · ·	
		n de Appère de la		si rezilente de como		
Consideration		Ва	alance due at	Balance due at	Fairme	arket value
Consideration to	rnished by lender	be	ginning of year L,056,380	end of year	(99)	0-PF only)
			2,036,380	1,030,1	71	
tals			.056.380			

Totals

	orms	Мо	rtgages and O	ther Notes Payable		
L	990 / 990-PF	calendar year 2007, c		7/01/07 , and ending	6/30/08	2007
Van		91 pp 1	4.4		Employer Ident	ification Numb
÷.	Rutherford Count For Humanity	ty Area Hab	ıtat			
	OI HUMANILLY				94-30994	106
F	orm 990, Part 1	IV, Line 64	b - Additio	nal Information		
		ne of lender		Relationship to	disqualified person	
(1)	Midsouth Bank			None	·	
(2)	Midsouth Bank			None		
3) 4)	Midsouth Bank Tennessee Hous	ing Dow Age	>> are	None		
<del></del> 7 5)	Midsouth Bank	Ting Dev Age	aucy	None None		
<del>5/</del> 6)				None		
7)	-					
8)						
9)						······································
10)			A Secretary and the two tensors are the second			
		T I	kalangan da da baga	Arthur Shehit Us Shikor at Shekizi Ar Anga	<b>《美国的工程》</b>	n de la mentanta
	Original amount borrowed	Data of laan	Maturity	_		Interest
1)	1,000,000	Date of loan 11/22/04	date 11/15/09	Repayment terms		rate
?)	375,000	4/01/06	11/01/09			5.25
3)	59,579	6/01/07	6/30/08			4.75 8.00
<u>-</u>	55,000	8/01/06	12/01/30	183/month		0.00
5)	100,000	5/22/08	5/22/09			4.75
<u>)                                    </u>						
<u>)                                    </u>						
i)	<del></del>	<del>                                     </del>			·	
/ 0)			<del></del>			
)	Pledge of Homeo	rovided by borrower	***************************************	Purpose	of loan	
	Mortgage notes		rec.	Mortgage Line of credit		
	None		···	Line of credit		
	Note receivable			Finance home for n	eedv indiv	idual
	Negative pledge	on assets		Line of credit		
)						
 ))				-		
	Consideration fur	rniched by load		Balance due at	Balance	
	Consideration ful	riished by lender		beginning of year	end of	
				926,349 221,306		86,349 74 657
				59,579	3	74,657
				51,645		49,445
						58,420
		, , , , , , , , , , , , , , , , , , ,				

1,258,879

1,368,871

# RCHFH Rutherford County Area Habitat 94-3099406 FYE: 6/30/2008

# Federal Statements

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# nt Officers Statement 2 - Form 990, Part II, 1 ine 25a

allalella	n z - rorm 990, Par	State Heart 2 - Forth 990, Part II, Line 25a - Compensation of Current Office	ation of Current Office
Name	Program Services	Management & General	Findraising
Expenses	w.	S	\$
Beth Smith			
Compensation Benefit Plan Contribution	16,000	16,000	16,000
	O F 2	047	740
Total	\$ 16,240	\$ 16,240	\$ 16,240

FYE: 6/30/2008

# Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$	\$	\$	S
Const cost/tsfs to homeowners	404,810	404,810	т	Ψ
Bank charges	3,399		3,399	i
Dues and fees	4,171	3,471	700	
Insurance	27,498	13,749	5,499	8,250
Office expenses	11,411	1,488	7,300	2,623
Tools	4,918	4,918	7,000	2,023
Contract labor	9,589	9,589		
Advertising	1,856	1,856		
Training	2,140	2,140		
Miscellaneous	5,085	4,175	910	
Mortgage disc to homeowners	147,158	147,158	J 1. O	
Restore costs and expenses	68,951	68,951		
HFHI Vista cost share	5,658	5,658		
Payroll service	11,784	9,116	1,147	1,521
Total	\$ 708,428	\$ 677,079	\$ 18,955	\$ 12,394

RCHFH Rutherford County Area Habitat

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94-3099406

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## Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

To provide very low income families with simple, decent housing

RCHFH Rutherford County Area Habitat
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FYE: 6/30/2008

# Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

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Descrip	ノロンロモ

	_	Beginning of Year	_	Accum Depr	End of Year	Accum Depr
Building	\$	040 005	ć	20 052	<b>^</b>	
Office furniture & equipment	Ą	849,925	Þ	38,053	\$ 868,347 \$	61,364
Vehicle		21,815		12,058	25,552	15,566
		7,300		4,988	7,300	6,448
Land		227,235			227,235	,
Total	\$ <u></u>		\$	55,099	\$ 1,128,434 \$	83,378

# Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year_	End of Year
Construction in process/lots held Other assets	\$ 457,624 1,028	\$ 819,938 1,048
Total	\$ <u>458,652</u>	\$ <u>820,986</u>

# Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Escrow funds held	\$ 28,776	\$ 26,021
Total	\$ 28,776	\$ 26,021

RCHFH Rutherford County Area Habitat 94-3099406 FYE: 6/30/2008	Federal Statements		10/3/200	10/3/2008 10:34 AM
Statement 8 - Form 990, Part V-A	m 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees	s, Trustees, and Key		
Name and Address	Average	.;	Ē	1
Beth M. Smith 850 Mercury Blvd. Murfreesboro TN 37133-8038	40	48,000	Benefits 720	Expenses 0
Paul Scarlett 3118 St. John's Drive Murfreesboro TN 37129	H	0	0	0
Gary Green 1719 Satinwood Dr. Murfreesboro TN 37129	П	0	0	0
Robbie Snapp 325 S. Second Ave. Murfreesboro TN 37130	1	0	0	0
Joyce Adkins 3001 Madison Ave. Murfreesboro TN 37130		0	0	0
Kathy Brandon 715 Hogan Dr. Murfreesboro TN 37128	<b>←</b> 1	0	0	0
Regina Harvey 106 Wolverine Tr. LaVergne TN 37086	<del></del>	0	0	0
Dan Johnson 2614 Lancaster Ct. Murfreesboro TN 37129	<b></b> 1	0	0	0
Thomas Keith 305 Indian Park Dr. Murfreesboro TN 37128	<del></del>	O	0	0
				æ

RCHFH Rutherford County Area Habitat 94-3099406 FYE: 6/30/2008	Federal Statements		10/3/200	10/3/2008 10:34 AM
Statement 8 - F	Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)	Trustees, and Key		
Name and Address Rev. James McCarrol 738 E. Castle St. Murfreesboro TN 37130	Average Hours	Compensation 0	Benefits 0	Expenses 0
Al Miller 1603 Buckingham Dr. Murfreesboro TN 37129	-7	0	0	0
Mark Moore 3015 St. John's Dr. Murfreesboro TN 37129	П	0	0	0
Wayne Moore 2510 English Hill Dr. Murfreesboro TN 37130	1	0	0	0
Ryan Newby 8024 Valencia Dr. Smyrna TN 37167	1	0	0	0
Barry Tidwell 1328 Lunar Dr. Murfreesboro TN 37129	r-I	0	0	0
David Yarbrough 2710 Cochise Ct. Murfreesboro TN 37127	1	0	0	0
Steve Ruckart 805 S. Church St. Murfreesboro TN 37130	1	0	0	0

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RCHFH Rutherford County Area Habitat
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FYE: 6/30/2008

# Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

Description	 2006	 2005		2004	2003
Miscellaneous income	\$ 32,730	\$ 24,079	\$	25,386	\$ 1,704
Total	\$ 32,730	\$ 24,079	\$_	25,386	\$ 1,704

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Rutherford Co. Habitat for Humanity Depreciation schedule 6/30/2008

EIN: 94-3099406

## Attachment to Part IV, Lines 57a and 57b

	Date in service	Life	Cost	A/D 6/30/2007	Expense 6/30/2008
Land	8/1/2005		227,235.41		
Buildings					
New building	8/1/2005	39	774,218.15	38,052.71	19,851.75
AC Unit	8/30/2007	20	71,356.00	00,00	2,973.17
Restore docks	8/30/2007	39	22,772.52		486.59
Nestore doore	0,00,200	•			,,,,,,,,
Equipment					
Computer equipment		5	1,810.00	1,810.00	
Officejet printer	1/18/2001	5	424.98	424.98	
Gateway computer	1/19/2001	5	1,867.00	1,867.00	
Computer/printer	1/8/2004	5	1,077.29	754.11	
Software	1/21/2004	3	3,935.50	3,935.50	
Software	11/9/2006	3	2,625.00	510.42	875.00
Telephone system	12/26/2006	5	2,474.20	247.42	494.84
Computers (2)	6/1/2005	5	999.98	416.67	200.00
Copier	6/23/2005	5	949.40	379.76	189.88
File cabinets	10/7/2005	7	753.12	188.28	107.59
Donor software	4/4/2006	3	2,625.00	1,020.83	875.00
Computers/monitors	10/31/2006	5	1,273.66	169.83	254.73
Time clock	9/7/2007	5	734.90		122.48
Computer/printer	1/7/2008	5	878.95		87.90
Vinyl break tool	3/11/2008	7	2,124.33		101.16
Vehicles					
Forklift	10/12/2005	5	1,000.00	333.33	200.00
1999 Ford E-350	1/15/2004	5	7,300.00	4,988.33	1,460.00
		-	1,128,435.39	55,099.17	28,280.08
Accumulated depreciation				55,099.17	83,379.25
•			;		