RCHFH 09/17/2009 8:41 AM

Department of the Treasury

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)

Form **990** (2008)

Inte	rnal Revenue	Service	I ne organization may have to use a copy			iirements.	Inspection
<u>A</u>	For the 200	8 cal <u>endar year, o</u>	والمراب والمستوال	d ending 6/30			
В	Check if applica		ame of organization RUTHERFORD COUR	NTY AREA HA	BITAT	D Emplo	yer identification number
П	Address chang	e use IRS	FOR HUMANITY			1	
$\overline{\Box}$	Name change	label or print or D	oing Business As			94-	3099406
=	.		umber and street (or P.O. box if mail is not delivered to street addre	ess)	Room/suite	E Teleph	one number
Ш	Initial return		P.O. BOX 8038	,		615	-890-5877
	Termination	Specific	city or town, state or country, and ZIP + 4		· · · · · · · · · · · · · · · · · · ·	G Gross rece	4 500 545
Ħ	Amended retur	inou do		N 37133-803	38	G Gloss lece	IDIS W
님		F N		10 37133 003		LI/a) la thia	
Ш	Application per	iving [address of principal officer:			1	a group return for se? Yes X No
			SMITH			affiliate H(b) Are all	affiliates -
		E .	BOX 8038	122 0020		include	d? res No
	· · · · · ·			133-8038	**************************************	lf "No,'	attach a list. (see instructions)
1	Tax-exempt			527		4	
J			HERFORDHABITAT.ORG			H(c) Group	exemption number
K	Type of organi	zation: X Corporatio	n Trust Association Other		L Year of formation:		M State of legal domicile:
F	Part I	Summary					
	1 Brie	fly describe the o	rganization's mission or most significant activitie	es:			
a)	T	O PROVIDE '	VERY LOW INCOME FAMILIES WIT				
ို့		OUSING					
rna				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
Vel	2 Cha	ok this boy	if the organization discontinued its operation	e or disposed of more	than 25% of its oss	ote	
ဖိ		<u></u>		-		1 . 1	14
త			mbers of the governing body (Part VI, line 1a)	10 Bar 463			14
Activities & Governance			ent voting members of the governing body (Part				
Ž			oyees (Part V, line 2a)	· · · · · · · · · · · · · · · · · · ·			18
Ac			nteers (estimate if necessary)			6	·
	7a Tota	ıl gross unrelated	business revenue from Part VIII, line 12, colum	nn (C)		7a	
	b Net	unrelated busines	ss taxable income from Form 990-T, line 34				. 0
					Prior \		Current Year
ø	8 Con	tributions and gra	ints (Part VIII, line 1h)	· · · · · · · · · · · · · · · · · · ·		9,345	590,774
Revenue	9 Pro	gram service reve	nue (Part VIII, line 2g)		71	.8,032	1,130,827
eve	10 Inve	stment income (F	Part VIII, column (A), lines 3, 4, and 7d)			4,053	833
œ	11 Oth	er revenue (Part \	/III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)	2	27,238	8,311
			ines 8 through 11 (must equal Part VIII, column			18,668	1,730,745
			and the said (Dert IV and the said (A) lines (A)				
	1		(Dort IV column (A) line (1)				
	1	•	ensation, employee benefits (Part IX, column (A	\\.\inec 5_10\		59,631	345,826
nses	15 Said					, , , , ,	010/010
ë	10a Flor		ing rees (Part IX, column (A), line 1 re)	72,516			
Expe	D 1018				1 00	1 0 1 1	1 221 022
	11 000		t IX, column (A), lines 11a-11d, 11f-24f)			94,844	1,331,022
			lines 13-17 (must equal Part IX, column (A), lin			54,475	1,676,848
- L- 4	19 Rev	enue less expens	ses. Subtract line 18 from line 12			34,193	53,897
Net Assets or	os		W 40		Beginning		End of Year
SSe	g 20 Tota	al assets (Part X,	line 16)			71,108	3,213,242
etA	21 Tota	য়। ilabilíties (Part ১	K, line 26)			1,228	1,601,035
			lances. Subtract line 21 from line 20	<u> </u>	1,6	79,880	1,612,207
	Part II	Signature E	lock				
		Under penalties o	of perjury, I declare that I have examined this return, inc	luding accompanying sch	edules and statements	, and to the be	st of my knowledge
		and belier, it is tru	e, correct, and complete. Declaration of preparer (othe	r than officer) is based on	all information of which	n preparer nas	any knowledge.
Si	gn 🐪	A					
He	ere	Signature of	officer			Date	
		Type or print	name and title		**		
		N	. 1 — —	Dat	te Chec	k if	Preparer's identifying number
Pa	aid	Preparer's signature	T. VIA	. 1	. self-	lacksquare	- I (!tt!)
	eparer's	Signature 7	11m 1 1 myonen				
	se Only	Firm's name (or y	EDMONDSON BETZLER		CX PLLC	EIN	▶ 26-2451997
		if self-employed),		210		Phone	
		address, and ZIP	+4 BRENTWOOD, TN 370	27		no. 🕨	
Ma	ay the IRS o	liscuss this return	with the preparer shown above? (see instruction	ons)			X Yes No

For	rm 990 (2008) RUTHERFORD COUNTY AREA HABITAT 94-3099406	Page 2
	Part III Statement of Program Service Accomplishments (see instructions)	
	Briefly describe the organization's mission:	
•	TO PROVIDE VERY LOW INCOME FAMILIES WITH SIMPLE, DECENT	
	HOUSING	
	·	
2	2 Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3		
•		Yes X No
	services?	, lies ka No
	If "Yes," describe these changes on Schedule O.	•
4		
	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.	
1	la (Code:) (Expenses \$ 1,456,902 including grants of \$) (Revenue \$)
	HABITAT USES VOLUNTEER LABOR TO CONSTRUCT HOMES FOR LOW	
		·
	AND TRANSFERRED TO HOMEOWNERS. 20+ HOMES ARE IN THE	
	PROCESS AS OF THE END OF THE YEAR.	
		•
	·	
	#b (Code:) (Expenses \$ 63,264 including grants of \$) (Revenue \$ HABITAT OPERATES A RESTORE THAT RECEIVES DONATED MERCHANDISE FOR RESALE TO THE PUBLIC. RESTORE PROVIDES ADDITIONAL FUNDS TO ALLOW HABITAT TO CARRY OUT ITS PURPOSE OF PROVIDING AFFORDABLE HOUSING TO LOW INCOME	· · · · · · · · · · · · · · · · · · · ·
	HOMEOWNERS.	
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
4	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
		·
		,
	·	
		,
	· · · · · · · · · · · · · · · · · · ·	
_	4d Other program services. (Describe in Schedule O.)	
•		
_	(Expenses \$ including grants of \$) (Revenue \$	
4	4e Total program service expenses \$ 1,520,166 (Must equal Part IX, Line 25, column (B).)	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes." complete X Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete X Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes." complete Schedule D. X 11 Parts VI, VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return X that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H X 20 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions X 24b–24d and complete Schedule K. If "No," go to question 25. 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I X 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Form 990 (2008) RUTHERFORD COUNTY AREA HABITAT
Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		<u> </u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		<u>X</u>
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	·	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	oortab	le '			
	gaming (gambling) winnings to prize winners?	,	<u>,</u> , , , , , , , , , , , , , , , , , , ,	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
			·	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			. 3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?		·	. 4a		X
þ	If "Yes," enter the name of the foreign country:		·			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank				
	and Financial Accounts.			42.50		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?		· · · · · · · · · · · · · · · · · · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		· · • • • • • • • • • • • • • • • • • •	. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			. 6b	80000200	0.000 (0.000)
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than				47
_				. 7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	 	 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					 ₩
	required to file Form 8282?		γ·····	. <u>7c</u>	Parante.	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		the state of the s	7-	A 2 - 1920	x
-	benefit contract?			. 7e	 	X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 8899 as required?	• •		7	 	X
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			- 79	 -	122
h				7h		x
8	required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
υ.	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor					
				8	(Sec. 2-1000000	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		· · · · · · · · · · · · · · · · · · ·			
а	Did the organization make any taxable distributions under section 4966?			9a	A M. B. S.	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:		• • • • • • • • • • • • • • • • • • •			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	· · · · · · · · · · · · · · · · · · ·			
11	Section 501(c)(12) organizations. Enter:			\exists		
 а	Gross income from members or shareholders	11a			1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	4.5		100

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

<u>Sec</u>	tion A. Governing Body and Management						
				ı	CASSOCIAL CONTRACTOR	Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe	the		}			
	circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body	1a	14		2		
b	Enter the number of voting members that are independent	1b	14				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with					
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	supervision of officers, directors or trustees, or key employees to a management company or other pe				3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior For				4	·	X
5	Did the organization become aware during the year of a material diversion of the organization's assets	3?			5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer	mbers					77
	of the governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions are also approval by members.				7b	55.55.526	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken de	uring					
	the year by the following:			-	_	77	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	77
9a	Does the organization have local chapters, branches, or affiliates?				9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such ch	napters	s,		٥.	ŀ	
	affiliates, and branches to ensure their operations are consistent with those of the organization?				9b	<u> </u>	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization's governing body before it was filed? All organization in the state of the s	anızatı	ions		40	x	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990				10		
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re				11		x
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				- 11	<u> </u>	<u> </u>
Sec	tion B. Policies					Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	140
b	Are officers, directors or trustees, and key employees required to disclose annually interests that coul	 d aive	• • • • • • • • • • •		.20		
D	rise to conflicts?	a give			12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	 'es."			120		
Ŭ	describe in Schedule O how this is done				12c	X	
.13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?			***********	14	X	
15	Did the process for determining compensation of the following persons include a review and approval	 bv					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and		sion:				
а	The organization's CEO, Executive Director, or top management official?				15a	X	1.1L-00/5-2000100
b	Other officers or key employees of the organization?				15b		X
	Describe the process in Schedule O. (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent					
	with a taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu	ate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	eguaro	Ė				
	the organization's exempt status with respect to such arrangements?	<u>,</u>	<u></u>		16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed TN					. .	
18	Section 6104 requires an organization to make its Form 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 X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict	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 an	d reco	rds of the				
	organization: ▶ BETH M. SMITH 850 MERCURY				<u>.</u>		. <u></u>
M	JRFREESBORO T	N 3	<u>7133-8</u>	3038 615	-89	0-5	877

9**9406** Page 7

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	rganization did not compe	nsate T	any any			direc	ctor,			
(A)	(B)	(C) Position (check all that apply)				hat a	ادراهم	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per	1						compensation	compensation	amount of
	week	ndiv	nstit	Officer	Key employee	Highest compensated employee	Former	from the	from related organizations	other compensation
		idua	E E	er	emp	est oye	Jer .	organization	(W-2/1099-MISC)	from the
				λοy	eom		(W-2/1099-MISC)	,	organization	
		trustee	trus		e	per				and related organizations
		G .	tee			sate				
						8				
BETH SMITH										
EXEC. DIR.	40	X		X	X	X		52,000	0	0
GARY GREEN	_							_	· _	_
TREASURER	3	X		X				0	0	0
ROBBIE SNAPE								•		
SECRETARY	1	X		X				0	0	0
JOYCE ADKINS										
BOARD MEMBER	1	X						0	0	0
REGINA HARVE	Y									
BOARD MEMBER	1	X				7		0	0	0
THOMAS KEITH										,
VICE PRES.	1 .	X	ļ	X		ļ		0	0	0
REV. JAMES N	ICCARROL									,
BOARD MEMBER	1	X						0	0	0
AL MILLER										
BOARD MEMBER	1	X						0	0	0
MARK MOORE										
BOARD MEMBER	1	X						0	0	0
RYAN NEWBY										
BOARD MEMBER	1	X						0	0	. 0
DAVID YARBRO	UGH									
BOARD MEMBER	1	X	1					0	0	0
STEVE RUCKAR	T									
BOARD MEMBER	1	X						0	0	0
RODNEY GEORG	E									
BOARD MEMBER	1	X						ľ	0	0
DENIS BEKAER	RT .									
BOARD MEMBER	1	X						0	0	0
PAUL SCARLE	тŢ	T	Γ.			Т				
PRESIDENT	3	X		X				0	0	0
·										
				1	<u> </u>		<u> </u>	L	1	L

Part VII Section A	Part VII Section A. Officers, Directors, Trustees, Key Employees												
(A) Name and title	Avelage	├ ──		chec		hat a	,	1 Nopoliubio	(E) Reportable	(F) Estimated			
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
• • • • • • • • • • • • • • • • • • • •													
								·					
• • • • • • • • • • • • • • • • • • • •													
• • • • • • • • • • • • • • • • • • • •													
• • • • • • • • • • • • • • • • • • • •													
							Ļ						
	2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the												
 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 							from or such						
Section B. Independent	t Contractors							ractors that received more					
compensation from	the organization. (A) Name and business address		nicu	11106	pen	Jeni	T		(B) otion of services	(C) Compensation			
	Name and business address							Descri	DITION OF SERVICES	Compensation			
Total number of ind compensation from	•	uding	g tho	se ir				ived more than \$100,000 in	n .	0			
DAA	and the second of P									Form 990 (20			

Pa	rt VI	II Statement of Re	venu	9					(5)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns	1a				Toveriue		012, 010, 01011
Contributions, gifts, grants and other similar amounts		Membership dues	1b	-					
2,5		Fundraising events	1c						
ar a		Related organizations	1d						
S,E		Government grants (contributions)	1e		20,000				
Sisi		All other contributions, gifts, grants,	··						
the st	•	and similar amounts not included above	^{/e} 1f	5	70,774				
d i		Noncash contributions included in line							
일	-	Total. Add lines 1a-1f				590,774			
Program Service Revenue	- "	Total Flora in too To Tr			Busn. Code	A12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
ig	2 a	MORTGAGE TRANSFER	RS			753,825	753,825		
Ş.	b	RESTORE INCOME				307,407			307,407
<u>.</u> 2	c	MORTGAGE DISC AMO	ORTIZA	TION		69,595	69,595		
ğΕ	d		;						
E	e								
gra	f	All other program service re							
품	a	Total. Add lines 2a-2f				1,130,827			
	3	Investment income (includi							
		other similar amounts)				833			833
	4	Income from investment of							
	5	Royalties							
		(i) Re	al	(ii) F	ersonal				
	6a	Gross Rents							
	b	Less: rental exps.							
	С	Rental inc. or (loss)							
	_d	Net rental income or (loss)		<u></u>	>				
	7a	Gross amount from sales of assets (i) Secu	rities	(ii) Other				
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
	С	Gain or (loss)							
	d	Net gain or (loss)		· · <u>· · · · · · · · · · · · · · · · · </u>	<u></u> ▶				
	8a	Gross income from fundraising	events						
υne		(not including \$		İ					
Ķ		of contributions reported on line	e 1c).						
8		See Part IV, line 18		a	 				
Other Revenue		Less: direct expenses		b					
ō		Net income or (loss) from t		ing events .	<u></u> ▶				
	9a	Gross income from gaming act						4	
	_					-			
		Less: direct expenses		b					
	l	Net income or (loss) from		activities					
	10a	Gross sales of inventory, le	255						
		returns and allowances	• • • • •	a		-			
		Less: cost of goods sold Net income or (loss) from:		inventory					
	<u> </u>	Miscellaneous Rev		niveritory .	Busn. Code				
	11a					8,311	8,311		
	h	· · · · · · · · · · · · · · · · · · ·							
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d				8,311			
	12	Total Revenue. Add lines	1h, 2g,	3, 4, 5, 6d,	7d, 8c,				
	<u> </u>	9c, 10c, and 11e	<u></u>		>	1,730,745	831,731	. 0	308,240

Part IX Statement of Functional Expenses

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

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

	All other organizations must o	complete column (A) but a		ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and			9	
•	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	52,000	40,215	5,088	6,697
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	260,350	201,407	25,332	33,611
8	Pension plan contributions (include section 401(k)			_	
	and section 403(b) employer contributions)	2,973	2,300	289	384
9	Other employee benefits				
10	Payroll taxes	30,503	23,596	2,969	3,938
11	Fees for services (non-employees):				
а	Management				
	Legal				
C	Accounting	4,000		4,000	
d	Lobbying		—————————————————————————————————————		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	· · · · · · · · · · · · · · · · · · ·			
12	Advertising and promotion	04 004	14 006	F 640	0.060
13	Office expenses	21,831	14,026	5,742	2,063
14	Information technology				
15	Royalties	07 400	10 050	4 510	2 025
16	Occupancy	27,403		4,518	2,935
17	Travel	2,920	2,920		
18	Payments of travel or entertainment expenses				•
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,751	23,242	4,350	4,159
20	Interest Payments to offiliates	10,000		4,550	7,109
21 22	Payments to affiliates Depreciation, depletion, and amortization	31,146		8,030	3,211
22		44,411	22,206		
23	Insurance		22,200	0,001	25,021
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	CONSTRUCTION COSTS	809,343	809,343		
b	MORTGAGE DISC TO HOMEOWNE	213,764			
c	RESTORE COSTS AND EXPENSE	63,264			
ď	MISCELLANEOUS	12,672	7,924		
e	TOOLS	12,610			·
f	All other expenses	45,907			
25	Total functional expenses. Add lines 1 through 24f	1,676,848			
26	Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				000

. Pi	ап х	Balance Sneet					
					(A) Beginning of year		(B) End of year
		Oast and interest to the same			213,140	1	275,775
	1	Cash—non-interest bearing			213,140	2	213,113
	2	Savings and temporary cash investments				3	85,823
	3	Piedges and grants receivable, net					63,623
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tr		*		_	
		employees, or other related parties. Complete Part II of S				5	
	6	Receivables from other disqualified persons (as defined u					
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3). Com	plete			
		Part II of Schedule L			000 506	6	7 000 646
įts	7	Notes and loans receivable, net			980,726		1,088,646
Assets	8	Inventories for sale or use			5,706		3,891
Ä	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis			5,494	9	5,494
		Land, buildings, and equipment: cost basis	10a	1,144,429			
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	10b	114,525	1,045,056	10c	1,029,904
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			820,986	15	723,709
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,071,108		3,213,242
	17	Accounts payable and accrued expenses			24,091		23,663
	18	Grants payable			21,690	18	45,007
	19	Deferred revenue				19	
Liabilities	20	Tax-exempt bond liabilities				20	
	21	Escrow account liability. Complete Part IV of Schedule D				21	
ilit	22	Payables to current and former officers, directors, trustee	es, key			1	
ab		employees, highest compensated employees, and disqua	alified				
						22	
	23	Secured mortgages and notes payable to unrelated third	parties		1,319,426	23	1,510,289
	24	Unsecured notes and loans payable				24	
	25	Other liabilities. Complete Part X of Schedule D			26,021	25	22,076
	26	Total liabilities. Add lines 17 through 25			1,391,228	26	1,601,035
nces		Organizations that follow SFAS 117, check here ▶ X	and				
nc		complete lines 27 through 29, and lines 33 and 34.					
Bala	27	Unrestricted net assets			1,606,133	27	1,608,516
ä	28	Temporarily restricted net assets		•	73,747	28	3,691
Fund	29	Permanently restricted net assets	· · · · · <u>· · ·</u>		THE RESIDENCE AND A SECOND	29	100 (Mar. 100 100 100 100 100 100 100 100 100 10
Τu	ŀ	Organizations that do not follow SFAS 117, check here	e ▶				
ō		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
As	32	Retained earnings, endowment, accumulated income, or	other fi	unds		32	
e	33	Total net assets or fund balances	. 		1,679,880		1,612,207
Ž	34	Total liabilities and net assets/fund balances			3,071,108	34	3,213,242
P	art)	(I Financial Statements and Reporting					
							Yes No
1	Ac	counting method used to prepare the Form 990: 🔲 🛛 Ca	ash [X Accrual 0	ther		
2	a We	ere the organization's financial statements compiled or rev	riewed b	y an independent accour	ntant?		
Ŀ		ere the organization's financial statements audited by an in					2b X
(Yes" to lines 2a or 2b, does the organization have a comm					
		e audit, review, or compilation of its financial statements a					2c X
3		a result of a federal award, was the organization required	to unde	rgo an audit or audits as	set forth in		
	the	e Single Audit Act and OMB Circular A-133?			. ,		3a X
1	a If"	'Yes " did the organization undergo the required audit or au					3b

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RUTHERFORD COUNTY AREA HABITAT FOR HUMANITY

Employer identification number 94-3099406

P	art I	Reas	on for Public Charity	Status (All organization	s must c	omplet	<u>e this j</u>	part.) (see ir	ıstructi	ons)		
he.	orga	nization is not	a private foundation because	se it is: (Please check only one	organizati	on.)							
1	П	A church, cor	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	П			ce organization described in se	ction 170	b)(1)(A)(i	ii). (Atta	ch Sche	dule H.	.)			
4	П	•	•	d in conjunction with a hospital							spital's nam	e.	
•		city, and state	•						-,-		· • · · · · · · · · · · · · · · · · · ·	-,	
5		•		of a college or university owned	l or operate	ed by a o		ntal unit	descri	ned in	• • • • • • • • • • • • • • • • • • • •		
,		-	•		or operati	od by a gi	JVC//////	and dim	Lucson	JCG 111			
		-	b)(1)(A)(iv). (Complete Part		nantian 17	0/53/43/6	V6-A						
6	₩		•	overnmental unit described in						Lande Ba			
7	X	_		substantial part of its support f	rom a gove	ernmentai	unitori	iom the	genera	ii public			•
			section 170(b)(1)(A)(vi). (C										
8	Н	•		170(b)(1)(A)(vi). (Complete Par						_			
9	Ш	_	-	1) more than 33 1/3 % of its su							SS		
		•		npt functions—subject to certai									
			• '	nd unrelated business taxable i				() from b	usiness	ses			
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2). (Comple	te Part III	.)						
10	Ш	An organizati	on organized and operated	exclusively to test for public sa	fety. See s	ection 50	9(a)(4).	(see ins	struction	ıs)			
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform ti	ne functio	ns of, or	to carry	out the	€			
		purposes of o	one or more publicly support	ted organizations described in s	section 509	9(a)(1) or	section	509(a)(2	2). See	section			
		509(a)(3). Ch	eck the box that describes t	the type of supporting organiza	tion and co	mplete li	nes 11e	through	11h.			-	
		a Type	l b Type II	c Type III–Function	nally Integr	ated	d	Тур	e III–Ot	her			
е		By checking	this box, I certify that the org	ganization is not controlled dire	ctly or indir	ectly by c	ne or m	ore disq	ualified				
	_	persons othe	r than foundation managers	and other than one or more pu	iblicly supp	orted org	anizatio	ns desc	ribed in	section			
		509(a)(1) or s	section 509(a)(2).										
f		If the organiz	ation received a written dete	ermination from the IRS that it i	s a Type I,	Type II,	or Type	III suppo	orting				
		organization,	check this box										
g		Since Augus	t 17, 2006, has the organiza	ition accepted any gift or contri	bution from	any of th	ne						ш.
9		following per		. ,		•							
		•		ontrols, either alone or together	r with perso	ons descr	ibed in (ii)				Yes	No
				of the supported organization?	mai poio	J.1.0 4000.		,			11g(i		1.0
		` '	member of a person descri	· · ·		• • • • • • • • •	• • • • • • •				11g(i		
			·	described in (i) or (ii) above?							11g(i		
_		• •	•	the organizations the organizat	ion cuppor		• • • • • • • •	· · · · · · · ·			[119]	<u>"/1</u>	1
h			ioliowing information about	T	T Suppor					· ·	·		
(i)		e of supported	(ii) EIN	(iii) Type of organization	1	organization	, , ,	ou notify		s the		mount of oport	
	org	ganization	,	(described on lines 1–9 above or IRC section	1 ''	sted in your document?	T	nization in of your	organizat	zed in the	Su	Jport	
				(see instructions))	9		,	port?		S.?			
					Yes	No	Yes	No	Yes	No		•	
				·									
									ļ		•		
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				•									
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							100		1				

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94	_ 7	n	a	a	Δ	n	6

Pa	nt II Support Schedule for O				(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·			——————————————————————————————————————		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	399,050	413,588	355,354	599,345	590,774	2,358,111
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	399,050	413,588	355,354	599,345	590,774	2,358,111
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,358,111
Sect	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	399,050	413,588	355,354	599,345	590,774	2,358,111
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,441	2,944	5,912	4,053	833	15,183
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10	25,386	24,079	32,730	27,238	8,311	117,744 2,491,038
12	Gross receipts from related activities, etc.	(see instructions)			· · · · · · · · · · · · · · · · · · ·	12	3,590,289
13	First five years. If the Form 990 is for the			irth or fifth tax vea			270007200
13	organization, check this box and stop her	ŭ		•			• □
Sec	tion C. Computation of Public Su				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
14	Public support percentage for 2008 (line 6			n (f))		14	94.6638 %
15	Public support percentage from 2007 Sch		line 26f			15	83.6152 %
16a	33 1/3 % support test—2008. If the organ				33 1/3 % or more.		
	and stop here . The organization qualifies						▶ X
b	33 1/3 % support test—2007. If the organ				15 is 33 1/3 % or m	nore, check this	·····
	box and stop here. The organization quali			At			▶ 🗌
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa						_
	organization meets the "facts-and-circums				•		▶ 🗌
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa						posterior.
	organization meets the "facts-and-circums						▶ 🖺
18	Private foundation. If the organization did	d not check a box o	n line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se		▶ ∐
						Cabadula A /Earm 0	00 000 57) 0000

RCHFH 09/17/2009 8:41 AM 94-3099406 Schedule A (Form 990 or 990-EZ) 2008 RUTHERFORD COUNTY AREA HABITAT Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2007 (a) 2004 (b) 2005 (c) 2006 (f) Total (e) 2008 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 6 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b С Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6

10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·			
С	Add lines 10a and 10b					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					
13	Total support. (Add lines 9, 10c, 11,					
~		Barrier and State of the State of	100000000000000000000000000000000000000	14.00	Lander Control of the Auto-	

_	## A A A ##	(5)	
	organization, check this box and stop he	re	
14	First five years. If the Form 990 is for the	organization's first, seco	ond, third, fourth, or fifth tax year as a section 501(c)(3)
	and 12.)		

organization, check this box and stop here	<u></u>	<u></u>	<u> </u>
Section C. Computation of Public Support Percentage			
45 P. P. P. P. C. 0000 (II. O. J. 1000 P. P. L. J. 1000 P. P. J. J. 1000 P. P. J. J. 1000 P. J. J. J. 1000 P. J.	4.5		

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	c
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	
Sec	tion D. Computation of Investment Income Percentage		

Sec	tion D. Computation of investment income Percentage			
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	9	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	Ç	%

19a	33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line	
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	• 🗌
b	33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990	0-EZ) 2008 RUTI	HERFORD CO	DUNTY ARE	A HABITAT	94-3099406	Page 4
Part IV	Suppleme Part II, line	ental Informatio e 17a or 17b; or	n. Complete th Part III, line 12	is part to prov <mark>. Provide any</mark>	ide the explanatio other additional ir	n required by Part II, line 10 nformation. (see instructions	; s)
PART	II, LINE	10 - OTHE	R INCOME	DETAIL			
MISCEI	LLANEOUS	INCOME		\$	117,744		
			· · · · · · · · · · · · · · · · · · ·				
						······································	
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						······································	• • • • • • • • • • • • • • • • • • •

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, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

RUTHERFORD COUNTY AREA HABITAT

FOR HUMANITY

Employer identification number

94-3099406

Organia	zation type (check one)):												
Filers o	of:	Sect	ion:											
Form 99	90 or 990-EZ	X s	i01(c)(3) (enter numbe	er) organizati	ion							
			947(a)(1	1) nor	exempt charita	ble trust not	treated as	a private fou	undation					
			527 politi	cal or	ganization									
Form 99	90-PF		501(c)(3)	exen	npt private foun	dation								
			1947(a)(´	1) nor	exempt charita	ble trust trea	ated as a pri	vate founda	ation	÷				
			601(c)(3)	taxal	ole private foun	dation								
	f your organization is co ation can check boxes f		•				-		01(c)(7), (8),	, or (10)		· · · · · · · · · · · · · · · · · · ·	***************************************	
Genera	il Rule													
	For organizations filing property) from any one						uring the yea	ar, \$5,000 oı	r more (in m	oney or				
Specia	l Rules													
X	For a section 501(c)(3) under sections 509(a)(greater of (1) \$5,000 or 1. Complete Parts I an	(1)/170 r (2) 2	(b)(1)(A)	(vi), a	ind received fro	m any one o	contributor,	during the y	ear, a contri	bution of th	ne			
	For a section 501(c)(7) during the year, aggreg scientific, literary, or ed	gate co	ntributio	ns or	bequests of me	ore than \$1,0	000 for use	exclusively	for religious.	, charitable) ,			
	For a section 501(c)(7) during the year, some not aggregate to more the year for an exclusive applies to this organizar during the year.)	contrib than \$ vely re ation b	outions fo 1,000. (I ligious, c ecause i	or use If this charita t rece	exclusively for box is checked able, etc., purpo ived nonexclus	religious, ch , enter here ose. Do not c ively religiou	naritable, etc the total co complete an is, charitable	c., purposes ntributions to y of the part e, etc., conti	s, but these of hat were rec ts unless the ributions of S	contribution ceived during e General 1 \$5,000 or r	ns did ng Rule			
990-EZ Form 9	n. Organizations that ar , or 990-PF), but they n 90-EZ, or on line 2 of th , or 990-PF).	nust a	nswer "N	io" on	Part IV, line 2	of their Form	n 990, or ch	eck the box	in the headi	ing of their				

SCHEDULE D

Supplemental Financial Statements

(Form 990) ▶ Attach to Form 990. To be completed by organizations that Department of the Treasury Internal Revenue Service answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Empl Name of the organization RUTHERFORD COUNTY AREA HABITAT

	OMB No. 1545-0047
	2008
	Open to Public Inspection
loyer identif	ication number
-30994	06
unts. Cor	mplete if
	·
(b) Funds ar	nd other accounts

FC	OR HUMANITY	<u> </u>	94-3099406
Pa	Organizations Maintaining Donor Advised Furthe organization answered "Yes" to Form 990, F	nds or Other Similar Funds o Part IV, line 6.	or Accounts. Complete if
		(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		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
_	used only for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rtill Conservation Easements. Complete if the orga	anization answered "Yes" to F	form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically	important land area
	Protection of natural habitat	Preservation of certified histo	
	Preservation of open space		
2	Complete lines 2a–2d if the organization held a qualified conservation of	contribution in the form of a conservat	ion easement
_	on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure incl		
d	Number of conservation easements included in (c) acquired after 8/17/		
3	Number of conservation easements modified, transferred, released, ex		
	the taxable year	•	
4	Number of states where property subject to conservation easement is I	ocated >	
5	Does the organization have a written policy regarding the periodic moni		
			Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e		
8	Does each conservation easement reported on line 2(d) above satisfy the		
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	The state of the s	☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation easem		
	balance sheet, and include, if applicable, the text of the footnote to the		· ·
	the organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Historical Treasures, or Oth Form 990, Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherand	ce of public service,
	provide, in Part XIV, the text of the footnote to its financial statements to	that describes these items.	
b.	If the organization elected, as permitted under SFAS 116, to report in it	ts revenue statement and balance she	eet works of art,
	historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	f public service,
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain	, provide the
	following amounts required to be reported under SFAS 116 relating to	*	
а	Revenues included in Form 990, Part VIII, line 1		 > \$
b	Assets included in Form 990, Part X		
		,	······· = = = = = = = = =

Sche	dule D (Form 990) 2008 RUTHERFOR	D COUNTY	<u>AREA</u>	HABITAT		<u>94-30</u>	<u>994(</u>)6			Page 2
Pa	rt III Organizations Maintaining								sets (contin	ued)
3	Using the organization's accession and other items (check all that apply):	records, check an	y of the f	ollowing that are a s	significar	nt use of its	collecti	ion			
а	Public exhibition	d \square	Loan or	exchange program	s						
b	Scholarly research	еП	Other	0 1 0							
c	Preservation for future generations								_		
4	Provide a description of the organization's col Part XIV.	lections and expla	in how th	ey further the orgar	nization's	s exempt pu	ırpose i	n			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as	part of th	ne organization's co	llection?				. —	Yes	☐ No
Pa	rt IV Trust, Escrow and Custodi					n answer	ed "Y	es" to	Forn	n 990,	
	Part IV, line 9, or reported a										
1a	Is the organization an agent, trustee, custodia	in or other interme	diary for	contributions or oth	er asset	s not			П		
	included on Form 990, Part X?		<i></i>						. ∐்	Yes	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the f	ollowing	table:							
										Amount	t
C	Beginning balance						L	1c		·	
d	Additions during the year							1d			
	Distributions during the year							1e			
f								1f			
2a	Did the organization include an amount on Fo									Yes	No
	If "Yes," explain the arrangement in Part XIV.										
	rt V Endowment Funds. Compl		tion an	swered "Yes" to	o Form	n 990, Pa	rt IV,	line 1	10.		
		(a) Current yea		(b) Prior year		years back	1	_	rs back	(e) Four	years back
1a	Beginning of year balance				7.5						
	Contributions						7 7 7				
c	investment earnings or losses										
ď	Grants or scholarships										
	Other expenditures for facilities										
Ŭ	and programs								No.		
f	Administrative expenses							5,000			
g	End of year balance										
2	Provide the estimated percentage of the year	end halance held	36. ————————————————————————————————————	77 St. 123 St. 200 A. 120 A	20070020912-0-090-			61.000	and in the case of the		
	Board designated or quasi-endowment		ao.								
	Permanent endowment > %	"					,				
	Term endowment										
	Are there endowment funds not in the posses	esion of the organic	zation the	at are held and adm	inistered	for the					
ou	organization by:	olon of the organia		it are riola, and dam						ſ	Yes No
										3a(i)	.00
	(i) unrelated organizations(ii) related organizations								• • • • • •	3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	lietod ac required	on Sche	dula P2		• • • • • • • • • • • • • • • • • • • •		• • • • • •		3b	
	Describe in Part XIV the intended uses of the					• • • • • • • • • • • • • • • • • • • •					
owe ven : 100	art VI Investments—Land, Buildi) Part	X line 1	n		·,		
e Te C	Description of investment	(a) Cost or othe		(b) Cost or oth			preciatio	ın	1	(d) Book	value
	bescription of investment	(investmen		basis (other)	ı	(0, 50	prooratio			(u) Book	74.00
4	i and	<u>`</u>	*		,235					2:	27,235
	Land	L			/233		ert stadistick	280 DASSE	320		- , , 2.33
a	***********************************			1					ŀ		
	Buildings								-		
С	Buildings Leasehold improvements										
c d	Buildings										

Schedule D (Form 990) 2008 RUTHERFORD COUNTY ARE	A HABITAT	94-3099406_	Page 3
Part VII Investments—Other Securities. See Form 99			
(a) Description of security or category	(b) Book value	(c) Method of v	aluation:
(including name of security)		Cost or end-of-year	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		•	
		•	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	90. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of v	valuation:
(a) bookpass of introduction of		Cost or end-of-year	•
	 		
	-	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should 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
	S/LOTS HELD		722,661
OTHER ASSETS			1,048
			
		· · · · · · · · · · · · · · · · · · ·	
	•	· · · · · · · · · · · · · · · · · · ·	
		·	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)			723,709
Part X Other Liabilities. See Form 990, Part X, line 2	25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
ESCROW FUNDS HELD	22,07	6	
			
		\dashv	
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	22,07	6	
In Part XIV, provide the text of the footnote to the organization's financial st	atements that reports the	organization's liability for	

uncertain tax positions under FIN 48.

Sche	edule D (Form 990) 2008 RUTHERFORD COUNTY AREA HABITAT 94-3	3099406	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,730,745
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,676,848
3	Excess or (deficit) for the year. Subtract line 2 from line 1		53,897
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		53,897
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,879,187
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 14	8,442	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
		2e	148,442
3	Subtract line 2e from line 1	1 1	1,730,745
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		
b	Other (Describe in Part XIV)		•
	Add lines 4a and 4b	4c	
5		5	1,730,745
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Retur	
1	Total expenses and losses per audited financial statements		1,825,290
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a		18,442	
	Prior year adjustments 2b		
c			
d			
e		2e	148,442
3	Subtract line 2e from line 1	3	1,676,848
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
_	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
		4-	
5		5	1,676,848
	art XIV Supplemental Information		
	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1h	
	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	IIIIGÓ ID	
2110	ZD, Fait V, liftle 4, Fait X, Fait XI, liftle 0, Fait XII, liftles 20 and 40, and Fait XIII, liftles 20 and 40.		
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Schedule D (Fo	orm 990)	2008	R	UTH	ER	FOF	RD.	C	UUC	1TX	. z	\RE	A E	IAB	II	AΤ				94-	-30	994	40€	5					P	age 5
Schedule D (Fo	Suppl	eme	ntal	Info	rma	tion	1 (cc	ontin	ued)	1																				
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public

RUTHERFORD COUNTY AREA HABITAT Employer identification number Name of the organization 94-3099406 FOR HUMANITY FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 DRAFT FORM 990 PROVIDED TO TREASURER AS REPRESENTATIVE OF THE BOARD FOR REVIEW AND COMMENT FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENT AND CHAIRMAN OF BOARD FOR MONITORING FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL REVIEW BY BOARD

(10)

Totals

F	O41	her Notes and I	cane Pocoli	ahlo		
990 / 990-PF		iiei Notes ailu i	LUAIIS RECEIV			2008
	For calendar year 2008,	or tax year beginning	7/01/08	and ending 6	30/09	
Name PIITHEREORD CO	OUNTY AREA HABI	ιπΣπ			Employer Iden	tification Number
FOR HUMANITY	•	94-3099	406			
FORM GGO DA	RT X, LINE 7 -	ADDTTTONAI.	TNFORMATTO	NT		
roidi 990, IA	it it, bitte ,	111111111111111111111111111111111111111				
	Name of borrower			Relationship to d	isqualified person	
(1) LOAN RECEI	VABLE					
(2)						
(4)						
(5)						
(6)						
(7)						
(8) (9)		· · · · · · · · · · · · · · · · · · ·				
(10)						
(10)						
Original amoun borrowed	nt Date of loan	Maturity date	Re	epayment terms	,	Interest rate
(1)						
(2)						
(3)						
(4)				<u> </u>		
(5) (6)						
(7)						
(8)						
(9)				· · · · · · · · · · · · · · · · · · ·		
(10)						
			I			
Se	curity provided by borrower			Purpose	of loan	
(1)		· · · · · · · · · · · · · · · · · · ·				
(2)						
(3)						
(4) (5)	·					
(6)				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(7)						
(8)	*					
(9)						
(10)						
<u> </u>			Balance due at	Balance due	et Feir	market value
Consider	ration furnished by lender	b	eginning of year	end of yea	r l	(990-PF only)
(1)			980,726	1,088	,646	
(2)						
(3)			V. 10.000 0		·	
<u>(4)</u>						
(5) (6)				. *		
(7)	· · ·					
(8)						
(9)				·		

980,726

1,088,646

<u>(10)</u>

Totals

					· · · · · · · · · · · · · · · · · · ·							
Forn		Mor	tgages and Oth	ner Notes Pa	yable		2000					
99	0 / 990-PF	calendar year 2008,	or tax year beginning	7/01/08	, and ending	6/30/09	2008					
Name		() NTOTES ****	- 111 % 1111			Employer Ide	ntification Number					
		Y AREA HABI	TAT	94-3099406								
<u> FU</u>	R HUMANITY					1 34-3093	· 4 U U					
FO	RM 990, PART X	, LINE 23 -	- ADDITIONAL	INFORMATI	ON							
(4)	Name MIDSOUTH BANK	e of lender		Relationship to disqualified person NONE								
	MIDSOUTH BANK			NONE								
	MIDSOUTH BANK			NONE								
(4)	PINNACLE FINAN	CIAL		NONE								
<u>(5)</u>												
(6) (7)												
(8)						· · · · · · · · · · · · · · · · · · ·						
(9)												
(10)												
]		I								
	Original amount borrowed	Date of loan	Maturity date		Repayment te	erms	Interest rate					
(1)	1,000,000	11/22/04	11/15/09		, topayment te		5.250					
(2)	375,000	4/01/06	11/01/09				4.750					
(3)	100,000	5/22/08	5/22/09				4.750					
(4)	1,200,000	8/11/08	8/11/13	MONTHLY	P & I -	- \$5,527	1.000					
(5)		-										
<u>(6)</u> (7)												
(8)												
(9)												
(10)												
0				T T								
	Security t	provided by borrower			Puri	pose of loan						
(1)	PLEDGE OF HOME	OWNER MTG.		MORTGAGE								
(2)	MORTGAGE NOTES			LINE OF								
	NEGATIVE PLEDGE REAL ESTATE	E ON ASSETS	<u> </u>	LINE OF MORTGAGE								
(4) (5)	KEAL ESTATE			FIORIGAGE								
(6)												
(7)												
<u>(8)</u>		· .										
<u>(9)</u>					****							
(10)				<u>I</u>								
		THE PARTY OF THE P	a ye yanan marakata ka marakata marakata 2002 Maraka ka 1990 Maraka 1990 Maraka 1990 Maraka 1990 Maraka 1990 M Maraka 1990 Maraka 1990 Ma	Balanc	e due at	Ba	lance due at					
	Consideration f	urnished by lender		beginn	ing of year		end of year					
(1)					386,349		255 671					
(2)					374,657 58,420		355,671					
(3) (4)					JU, 420	1	,154,618					
(5)			· · · · · · · · · · · · · · · · · · ·									
(6)												
<u>(7)</u>	<u></u>											
(8) (9)						· ·						
(5)				<u> </u>								

1,510,289

1,319,426