

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)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **7/1/2005**, 2005, and ending **6/30/2006**, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HABITAT FOR HUMANITY INTERNATIONAL INC	D Employer identification number 31 : 1287581
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 420 West Wyoming Ave	E Telephone number (513) 761-4687
		City or town, state or country, and ZIP + 4 Cincinnati, OH 45215-3002	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ www.millcreekvalleyhfh.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **282,496**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

		(A) Securities	(B) Other		
Revenue	1 Contributions, gifts, grants, and similar amounts received:			1d	
	a Direct public support	1a	87,931		
	b Indirect public support	1b	0		
	c Government contributions (grants)	1c	35,800		
	d Total (add lines 1a through 1c) (cash \$ 91,374 noncash \$ 32,357)			1d	123,731
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	73,458
	3 Membership dues and assessments			3	0
	4 Interest on savings and temporary cash investments			4	21
	5 Dividends and interest from securities			5	1,682
	6a Gross rents	6a	0		
	b Less: rental expenses	6b	0		
	c Net rental income or (loss) (subtract line 6b from line 6a)			6c	0
7 Other investment income (describe ▶)			7	0	
8a Gross amount from sales of assets other than inventory			8a	0	
		5,921	8a	0	
	b Less: cost or other basis and sales expenses	6,410	8b	0	
	c Gain or (loss) (attach schedule) Stmt 1	-489	8c	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	-489	
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			See Statement 2		
a Gross revenue (not including \$ 0 of contributions reported on line 1a)			9a	20,552	
	b Less: direct expenses other than fundraising expenses		9b	5,293	
c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	15,259	
10a Gross sales of inventory, less returns and allowances			10a	0	
	b Less: cost of goods sold		10b	0	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	0	
11 Other revenue (from Part VII, line 103)			11	57,131	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	270,793	
Expenses	13 Program services (from line 44, column (B))			13	155,484
	14 Management and general (from line 44, column (C))			14	26,854
	15 Fundraising (from line 44, column (D))			15	8,140
	16 Payments to affiliates (attach schedule)			16	0
	17 Total expenses (add lines 16 and 44, column (A))			17	190,478
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	80,315
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	946,742
	20 Other changes in net assets or fund balances (attach explanation)			20	0
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,027,057

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	0	0	0	0
26	Other salaries and wages	28,123	16,848	7,131	4,144
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	1,800	200	600	1,000
29	Payroll taxes	1,905	1,289	484	132
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	7	0	7	0
32	Legal fees	947	947	0	0
33	Supplies	3,478	1,335	2,045	98
34	Telephone	4,463	1,705	2,326	432
35	Postage and shipping	1,323	171	737	415
36	Occupancy	13,352	5,310	8,042	0
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	0	0	0	0
39	Travel	161	0	0	161
40	Conferences, conventions, and meetings	1,844	82	100	1,662
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize):				
a	See Statement 3	133,075	127,597	5,382	96
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	190,478	155,484	26,854	8,140

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>Provide low cost housing to low income persons</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>See Statement 4</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	155,484

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing	36,926	45	26,434
	46	Savings and temporary cash investments	171,816	46	82,123
	47a	Accounts receivable	150		
	b	Less: allowance for doubtful accounts	0	47c	150
	48a	Pledges receivable	977		
	b	Less: allowance for doubtful accounts	0	48c	977
	49	Grants receivable	0	49	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a	Other notes and loans receivable (attach schedule) See Statement 5	628,030		
	b	Less: allowance for doubtful accounts	0	51c	628,030
	52	Inventories for sale or use	116,767	52	315,419
	53	Prepaid expenses and deferred charges	500	53	0
	54	Investments—securities (attach schedule) Stmt 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,888	54	508
	55a	Investments—land, buildings, and equipment: basis	1,500		
	b	Less: accumulated depreciation (attach schedule) See Statement 7	0	55c	1,500
56	Investments—other (attach schedule)	0	56	0	
57a	Land, buildings, and equipment: basis	0			
b	Less: accumulated depreciation (attach schedule)	0	57c	0	
58	Other assets (describe See Statement 8)	4,844	58	3,400	
59	Total assets (must equal line 74). Add lines 45 through 58.	985,103	59	1,058,541	
Liabilities	60	Accounts payable and accrued expenses	22,111	60	18,288
	61	Grants payable	0	61	0
	62	Deferred revenue	0	62	0
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b	Mortgages and other notes payable (attach schedule)	0	64b	0
	65	Other liabilities (describe See Statement 9)	16,250	65	13,196
66	Total liabilities. Add lines 60 through 65	38,361	66	31,484	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	946,742	67	1,027,057
	68	Temporarily restricted	0	68	0
	69	Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds.		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	946,742	73	1,027,057	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	985,103	74	1,058,541	

Part VI Other Information <i>(continued)</i>		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b <u>1,000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	<input type="checkbox"/>	<input type="checkbox"/>
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	<input type="checkbox"/>	<input type="checkbox"/>
c Dues, assessments, and similar amounts from members	85c	<input type="checkbox"/>	<input type="checkbox"/>
d Section 162(e) lobbying and political expenditures	85d	<input type="checkbox"/>	<input type="checkbox"/>
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	<input type="checkbox"/>	<input type="checkbox"/>
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<input type="checkbox"/>	<input type="checkbox"/>
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<input type="checkbox"/>	<input type="checkbox"/>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	<input type="checkbox"/>	<input type="checkbox"/>
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 12, for public use of club facilities	86b	<input type="checkbox"/>	<input type="checkbox"/>
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	<input type="checkbox"/>	<input type="checkbox"/>
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>	89a	<input type="checkbox"/>	<input type="checkbox"/>
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>	89c	<input type="checkbox"/>	<input type="checkbox"/>
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>	89d	<input type="checkbox"/>	<input type="checkbox"/>
90a List the states with which a copy of this return is filed <input type="text" value="OH"/>	90a	<input type="checkbox"/>	<input type="checkbox"/>
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) <input type="text" value="1"/>	90b <u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>
91a The books are in care of <input type="text" value="William Huber"/> Telephone no. <input type="text" value="513-761-4687"/> Located at <input type="text" value="420 West Wyoming Ave, Cincinnati, OH"/> ZIP + 4 <input type="text" value="45215-3002"/>	91a	<input type="checkbox"/>	<input type="checkbox"/>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>	91b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="text"/>	91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="92"/>	92 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <u>Sales of one house</u>					72,000
b <u>Second mortgage payoff</u>					1,458
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	21	
96 Dividends and interest from securities			14	1,682	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	-489	
101 Net income or (loss) from special events					\$15,259
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>Mortgage Discount Amorti:</u>					\$56,245
b <u>Late Fees</u>					\$544
c <u>Misc Income</u>			05	312	
d <u>Unrealized Gain</u>			14	30	
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		1,556	\$145,506
105 Total (add line 104, columns (B), (D), and (E))					147,062

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<u>See Statement 11</u>

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: William Huber, Treasurer Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no.: _____

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 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.)		✓
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.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) Stmnt 12	✓	
b Do you have a section 403(b) annuity plan for your employees?		✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	76,006	157,438	20,900	83,096	337,440
16 Membership fees received	0	0	0	0	0
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	176,562	0	0	0	176,562
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,566	3,203	2,048	9,959	18,776
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	38,701	41,670	0	37,194	117,565 Stmt 13
23 Total of lines 15 through 22	294,835	202,311	22,948	130,249	650,343
24 Line 23 minus line 17	118,273	202,311	22,948	130,249	473,781
25 Enter 1% of line 23	2,948	2,023	229	1,302	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	9,476
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	473,781
d Add: Amounts from column (e) for lines: 18 <u>18,776</u> 19 <u>0</u> 22 <u>117,565</u> 26b <u>0</u> ▶	26d	136,341
e Public support (line 26c minus line 26d total) ▶	26e	337,440
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	71 %

27 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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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:

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d Add: Line 27a total, _____ and line 27b total ▶	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially 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 known to 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.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
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?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000. . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h).		✓	
c Media advertisements.		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body.		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h).			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Statement 1

Form: 990

Page: 1

Part: I

Question: 8

HABITAT FOR HUMANITY INTERNATIONAL INC

31-1287581

Sales of Assets Other than Inventory

Publicly Traded Securities

Description:

Sold To:

Sales Price: \$5,921.00

Expense of Sale: \$0.00

Cost or value when acquired: \$6,410.00

Depreciation since acquisition: \$0.00

Net Sale: **-\$489.00**

Date Sold:

Date acquired:

How acquired:

Statement 2

Form: 990

Page: 1

Part: I

Question: 9

HABITAT FOR HUMANITY INTERNATIONAL INC

31-1287581

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Golftathon	\$20,552.00	\$0.00	\$20,552.00	\$5,293.00	\$15,259.00
Total:	\$20,552.00	\$0.00	\$20,552.00	\$5,293.00	\$15,259.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 43

HABITAT FOR HUMANITY INTERNATIONAL INC**31-1287581****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundraising
Liability & Auto Insurance	\$3,556.00	\$2,740.00	\$816.00	\$0.00
Construction Costs	\$68,000.00	\$68,000.00	\$0.00	\$0.00
Mortgage Discount Amortization	\$34,277.00	\$34,277.00	\$0.00	\$0.00
Tithe	\$10,699.00	\$10,699.00	\$0.00	\$0.00
Misc.	\$16,543.00	\$11,881.00	\$4,566.00	\$96.00
Total:	\$133,075.00	\$127,597.00	\$5,382.00	\$96.00

Statement 4

Form: 990

Page: 3

Part: III

Question:

HABITAT FOR HUMANITY INTERNATIONAL INC

31-1287581

Program Services

Achievement	Pgm. Svc. Exp.
Housing, Shelter: International construction of housing in Belize through Habitat for Humanity International. (1 Houses)	\$10,699.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Housing, Shelter: Closed on one constructed homes and 1 home owner refinanced their home through commerical lender. Maintain 38 mortgages. (1 Houses)	\$144,785.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$155,484.00

Statement 5

Form: 990

Page: 4

Part: IV

Question: 51 C

HABITAT FOR HUMANITY INTERNATIONAL INC

31-1287581

Schedule of Other Notes and Loans Receivable

Borrower's Name: Misc Homeowners

Borrower's Title:

Original Amount: \$729,843.00

Balance Due: \$628,030.00

Date of Note:

Maturity Date:

Repayment Terms:

Interest Rate:

Security Provided by Borrower:

Purpose of Loan:

Description of Consideration:

FMV of Consideration:

Relationship of Borrower/Lender:

Total Due: \$628,030.00

Statement 6

Form: 990

Page: 4

Part: IV

Question: 54

HABITAT FOR HUMANITY INTERNATIONAL INC**31-1287581****Investments - Securities**

Security	Valuation Type	Amount
Securities	FMV	\$508.00
Total:		\$508.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 55

HABITAT FOR HUMANITY INTERNATIONAL INC

31-1287581

Schedule of Investment Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Vehicles	\$1,500.00	\$0.00	\$1,500.00
Total:	\$1,500.00	\$0.00	\$1,500.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 58

HABITAT FOR HUMANITY INTERNATIONAL INC**31-1287581****Other Assets**

Asset Description	BOY Amount	EOY Amount
Tri-state Loan less misc		
Trade from Woodlawn	\$3,400.00	\$3,400.00
Misc	\$0.00	
Undeposited funds	\$1,444.00	\$0.00
Total:	\$4,844.00	\$3,400.00

Statement 9

Form: 990

Page: 4

Part: IV

Question: 65

HABITAT FOR HUMANITY INTERNATIONAL INC**31-1287581****Other Liabilities**

Liability Description	BOY Amount	EOY Amount
Escrow Payable	\$16,250.00	\$12,907.00
Payroll Liability	\$0.00	\$289.00
Total:	\$16,250.00	\$13,196.00

Statement 10

Form: 990

Page: 5

Part: V

Question:

HABITAT FOR HUMANITY INTERNATIONAL INC**31-1287581****Officers, Directors, Trustees, and Key Employees**

Name and Address	Hrs	Comp.	Benefits	Expenses
Tom Bauer	0	\$0.00	\$0.00	\$0.00
Title: Director Addr 1: 3718 Yellowstone Addr 2: CSZ: Cincinnati, OH 45251 Country: United States				
Ed Bonert	0	\$0.00	\$0.00	\$0.00
Title: Director Addr 1: 216 Miami Lakes Drive Addr 2: CSZ: Milford, OH 45150 Country: United States				
Bill Case	0	\$0.00	\$0.00	\$0.00
Title: Director Addr 1: 7001 Dawon Addr 2: CSZ: Madeira, OH 45243 Country: United States				
Arahn Hawkins	0	\$0.00	\$0.00	\$0.00
Title: Director Addr 1: 2506 Hilliard Dr Addr 2: CSZ: Hebron, KY 41048 Country: United States				
Cindy Huckins	0	\$0.00	\$0.00	\$0.00
Title: Director Addr 1: P O Box 40543 Addr 2: CSZ: Cincinnati, OH 45243 Country: United States				
Bill Katz	0	\$0.00	\$0.00	\$0.00
Title: Director Addr 1: 9500 Glades Drive Addr 2: CSZ: Hamilton, OH 45011 Country: United States				

Name and Address	Hrs	Comp.	Benefits	Expenses
Carole Maloney Title: Secretary Addr 1: 305 Mayview Forest Drive Addr 2: CSZ: Cincinnati, OH 45215 Country: United States	0	\$0.00	\$0.00	\$0.00
Susan McCamey Title: Director Addr 1: 7247 Adena Hills Ct Addr 2: CSZ: West Chester, OH 45069 Country: United States	0	\$0.00	\$0.00	\$0.00
Jeff Dauner Title: President Addr 1: 10177 International Blvd Addr 2: CSZ: Cincinnati, OH 45246 Country: United States	0	\$0.00	\$0.00	\$0.00
William Huber Title: Treasurer Addr 1: 6950 Gaynor Rd Addr 2: CSZ: Goshen, OH 45122 Country: United States	16	\$0.00	\$0.00	\$0.00
TOTALS		\$0.00	\$0.00	\$0.00

Statement 11

Form: 990

Page: 8

Part: VIII

Question:

HABITAT FOR HUMANITY INTERNATIONAL INC

31-1287581

Relationship of Activities

Line No Relationship of Activities to the Accomplishment of Exempt Purposes

101	Golfathon
93 b	Early payoff of silent second mortgage
103 b	Mortgage Late Fees
103 a	Zero Interest Loan
93 a	Sale of house

Statement 12
Form: Schedule A
Page: 2
Part: III
Question: 3a

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Explanation of Grant Determination

Explanation of grant qualifications

Home owners or their children can get an educational grant to further their education.

Statement 13
Form: Schedule A
Page: 3
Part: IV-A
Question: 22

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Other Income

Description	2004	2003	2002	2001
Mortgage Discount Amortization &	\$38,701.00	\$41,670.00	\$0.00	\$37,194.00
Total:	\$38,701.00	\$41,670.00	\$0.00	\$37,194.00