Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2018 calend	ar year, or tax y	year begin	ning	07-0	1 , 2018, and e	nding		6-30	,2019
В	Check if a	applicable:	C Name of organiz	ation Habi	tat for Humani	ty of SE Ohi	0			D Er	mployer identification no.
	Address	change	Doing business a	as						31-	-1286856
	Name ch	ange	Number and stre	eet (or P.O. box	r if mail is not delivered to st	reet address)		Room/suite		E Te	elephone number
	Initial retu	urn	525 W Un	nion Str	reet					(74	40)592-0032
$\overline{\Box}$	Final retu	ırn/terminated			country, and ZIP or foreign p	postal code				G Gr	ross receipts
Ī	Amended	d return	Athens,							\$	1,973,452
Ī	Application	on pending	F Name and addre			nney, Preside	ent	H(a) Is this a	aroup retu	rn for subor	
	• •		Same as					H(b) Are all			
	Tax-exen	npt status:	· —		. —	4947(a)(1) or 5	27	-			(see instructions)
J	Website:		v.habitatse	. , .	, . (е)	(-)(:)		H(c) Group			
K					ociation Other	L	Year of formation: 1			egal domi	
Pa	art I	Summar				 				<u> </u>	
	1		•	tion's missi	on or most significant	activities: To p	rovide dece	nt, affor	dabl	e hou	using in
		partners	hip with f	amilies	in need and o						
Governance			ce and act:					•			
na											_
Ş	2	Check this b	ox ▶ ☐ if the o	rganization	discontinued its opera	ations or disposed o	of more than 25%	of its net asse	ts.		_
Ö	3			Ü	rning body (Part VI, li	•			1	3	14
∞ ∨	4		J	•	s of the governing boo	,				4	14
itie	5			-	calendar year 2018 (5	30
Activities &	6		er of volunteers (e		,					6	100
Ř	7a		•		Part VIII, column (C),				—	a	0
					from Form 990-T, line					7b	0
					,			Prior Ye			Current Year
	8	Contribution:	s and grants (Pa	rt VIII. line	1h)				935,7	70	1,063,256
ā	9		= -		2g)		T		797,3		910,735
Revenue	10	Ū	•	=), lines 3, 4, and 7d)		 		1,6		2,319
Re.	11				es 5, 6d, 8c, 9c, 10c, a		T		44,0		(2,858)
_	12				must equal Part VIII, c		-	1 . *	778,9		1,973,452
	13				X, column (A), lines 1-				7075		0
	14		d to or for member								
	15				benefits (Part IX, col			ı	553,0	15	603,707
Ses	16a				column (A), line 11e)		F		,55,6		000,707
Expenses	h				umn (D), line 25) ▶						
X	17				es 11a-11d, 11f-24e)				573,4	.82	683,305
_	18	•		. , .	equal Part IX, column		 		226,4		1,287,012
					18 from line 12		-		552,4		686,440
		110101100100	o experience. Cu	ibtraot iirio				Beginning of Cu			End of Year
ets o	20 au	Total assets	(Part X line 16)	١					992,0		4,577,370
Asse	E 21						-		379,8		778,765
Net Assets or	22		•	•	line 21 from line 20 .		-		L12,1		3,798,605
	art II		re Block					37-		.00	271307003
Und	der penalti	ies of perjury, I de	clare that I have exam		n, including accompanying s			knowledge and be	lief, it is		
true	e, correct,	and complete. De	claration of preparer ((other than office	cer) is based on all informati	on of which preparer has	any knowledge.				
		Kenn	eth Oehlers	s. Dire	ctor						
Sig	gn		re of officer	.,						Date	
Не	re	Kenn	eth Oehler	s. Dire	ctor, Executiv	e Director					
	. •		print name and title	<i>D</i> , <i>D</i> 110	occi, micouci	0 2220002					
		7.	eparer's name		Preparer's signature		Date	Check	if	PTIN	
Pa	id	Amy Kar	•		Amy Karr CPA		08-12-2020		nployed		01973576
	eparei			-	t Union Financ		JU 12 2020	Firm's EIN	Pioseu	-	
	e Only			0 Credi 0 S Sha		TAT DELATORS		Phone no.			
-3	in	, imis addres	_	thens O				i none no.	740	-597-	-2820
May	the IR	S discuss this			own above? (see inst	ructions)			, 10		. ⊠ Yes □ No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	7.7
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		21
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	ı ıa	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			21
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Λ
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			21
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pai	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	. 24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	. 28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
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			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, Part II, III,			
	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3.7	
D	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		A 1 -
4-	Enter the number reported in Day 2 of Form 4006. Fator 0, if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ŏ o		
b		<u>u</u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

1c

reportable gaming (gambling) winnings to prize winners?

18) Habitat for Humanity of SE Ohio Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

22 Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements, fleef for the calendary ware ending with or within the year covered by this return. 2 30 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Out the organization have unrelated business gross income of \$1,000 or more during the year? 31 Out the organization have unrelated business gross income of \$1,000 or more during the year? 32 Out the organization have unrelated business gross income of \$1,000 or more during the year? 33 Out the organization fave unrelated business gross income of \$1,000 or more during the year? 34 A 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 accounts (FBAR). 35 If "Yes to line the name of the foreign country. 36 If "Yes to line the name of the foreign country. 37 Was the organization party to a prohibited tax shelter transaction? 38 Out the organization party to a prohibited tax shelter transaction? 39 Out any taxable party notify the organization that it was or is a parry to a prohibited tax shelter transaction? 30 Out the organization are of the party of the organization for the state are normally greater than \$100,000, and did the organization foreign and the state are normally greater than \$100,000, and did the organization related and party of the organization related and other organi				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal emptyyment tax returns? Note, If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) **Bold the organization have unrelated business gross income of \$1,000 or more during the year? **Bold the organization flower unrelated business gross income of \$1,000 or more during the year? **A tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country. Each as a bark account, securities account, or other financial accountry? **A tray 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. **Bold If Yes's interest the name of the foreign country. **So instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FBAR). **So instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FBAR). **So instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FBAR). **So instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FBAR). **So instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FBAR). **So instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FBAR). **So instructions for filing requirements for FinCEN Form 114. Report of present the state for a filing foreign granization receive and property and the state of the granization foreign state of the organization notice in the early state of the granization foreign fo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to #-file (see instructions) Joi the tonguization have unrelated business gross income of \$1,000 or more during the year? At any time during the calendary 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 in a foreign country; (such as a bank account, securities account, or other financial account)? 4a X years the result of the property (such as a bank account, securities account, or other financial account)? 5b If vest, either the name of the foreign country; (such as a bank account, securities account, or other financial account)? 5c West he organization a party to a prohibibeted such was or is a party to a prohibibete act sheller fransaction at any time during the tax year? 5c West he organization and party for a prohibibeted such that was or is a party to a prohibite tax sheller transaction? 5b West he organization and organization file Form 8886-17 5c Did in the Sar of St, did the organization file Form 8886-17 5c West here is a ord St, did the organization that was or is a party to a prohibited tax sheller transaction? 5c West here is a ord St, did the organization file Form 8886-17 5c West was not be did the organization file Form 8886-17 5d West West Messagnization receive a payment in excess of \$75 made party as a contributions or glittle were not tax deductible? 5c West West Messagnization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c West West West West West West West West		Statements, filed for the calendar year ending with or within the year covered by this return 2a 30			
3. Did the organization have unrelated business gross income of \$1,000 or more during the year? 4. If "Yes," and is filed a Form 991-7 for this year if "No" to fire 35, provides an explanation in Schedule O. 5. Did have the filed a Form 991-7 for this year if "No" to fire 35, provides an explanation of Schedule O. 5. 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. 5. 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. 5. Be instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5. Was the organization is provide an explanation at any time during the tax year? 5. Se indicate the same of the foreign country. 5. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file from 888-17. 6. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that sour contributions or gifts were not tax deductible or tax deductible as charitable contributions or gifts were not tax deductible explanation and part of the organization state may receive deductible contributions under section 170(c). 6. Did the organization that may receive deductible contributions under section 170(c). 7. Did the organization that may receive deductible organization and partly for goods and services provided to the payor? 7. Did the organization sele, exchange, or otherwise despose of targitel personal property for which it was any required to file Form \$282? 7. Did the organization receive an apyrent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7. Did the organization receive an accomplishment of the goods or services provided? 7. Did	b		2b	Χ	
b If Ves.* has it filled a Form 990-T for this year? If "No" in Ime 3b, provide an explanation in Schedule O All any time dusing the calendar year, diff 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)? 4a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yes," enter the name of the foreign country. 5c If "Yes" is one face or signature or any problem of the security of the organization in the organization of the organization in charles with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization in ceove a payment in excess of \$75 made party as a contribution and partly for goods and services provided or the payor? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 organization selection of the value of the goods or services provided? 7 organization selection of the syllong premiums on a personal benefit contract? 7 organization feels are sufficiently of the goods or services provided? 8 b If "Yes," did the organization received a contribution of qualified insilectual property, did the organization file Form 8898 as required? 9 b If the organization received a contribution of qualified insilectual property, did the organization file Form 820 and services of the sponsoring organiz	3a		3a		X
a financial account in a foreign country (such as a bark account, securities account, or other financial account)? b H *Yes*; near the name of the foreign country. ► See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any texable party notify the organization file Form 8889-77 5c If *Yes* to line Sa or Sb, dot the organization file Form 8889-77 5c Does the organization should any contributions that were not tax deductible as charitable contributions or gilts were not tax deductible? 6c Does the organization receive any paryment in excess of \$75 make party as a contribution or gilts were not tax deductible? 6c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization receive any paryment in excess of \$75 make party as a contribution and partly for goods and services provided to the payor? 7c A X 6d If *Yes,* indicate the number of Forms 8282 filed during the year required to If E-Form 8282. 6d If *Yes,* indicate the number of Forms 8282 filed during the year 6e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c A X 6f If the organization cereive any funds, directly or indirectly, to pay personal property for which it was required to If E-Form 8282. 6f If *Yes,* indicate the number of Forms 8282 filed during the year 6f Did the organization during the year, pay premiums, directly or indirectly, to pay personal benefit contract? 7d A X 6f If the organization cereive any funds, directly or indirectly, to pay personal benefit contract? 7d A X 6f If the organization cereive any funds, directly or indirectly, to pay personal property for which it was required to If the organization file form 8282 filed during the year 9g If the organization funds the year, pay premiums, directly or indirectly, on a personal b	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b If "Yes", either the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization aparty to a prohibited tax shafter transaction at any time during the tax year? 59 Was the organization to lies of 305, did the organization life from 8886-77 to a prohibited tax shafter transaction? 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that was not tax deductibles as charitative contributions? 60 Bost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that than y receive deductible contributions under section 170(c). 60 If "Yes," did the organization include with every sociicitation an express statement that such contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles as charitative contributions or grid were not tax deductibles and tax shafter transactions or deduction tax shafter transactions or grid were not tax deductibles and tax shafter transactions or grid were not tax deductible	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 13a 13a 13a 13a 13b 13b 13c 14a X X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X If "Yes," see instructions and file Form 4720, Schedule N.					
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а	·	ısa		
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 13b 13c 14a X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	h	·			
c Enter the amount of reserves on hand	.,				
Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 14a X X X	c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X			14a		X
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	_				
excess parachute payment(s) during the year		.,			
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
	16		16		Х
		-			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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 direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			ı
			Yes	No
1 0 a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
_	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Kenneth Oehlers, Director (740)592-0032, 525 W Union Street, Athens, OH 45701

Form 990	(2018)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	,					(C)					
			(C) Position								
(A)		(B)	(do n	ot che			han one		(D)	(E)	(F)
Name and Title	v	Average hours per week (list any hours for					s both ai		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related preganizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Anita James, Member		1.00									
Board Member			X						(0	0
(2) George Bain, Member		1.00									
Board Member			Х						(0	0
(3) Barbara Brown		1.00									
Board Member			X						(0	0
(4) Jim Reader		1.00									
Board Member			Х						(0	0
(5) Claudia Hale		_ 1. 00_									
Board Member			Х						(0	0
(6) Judy Maxson		_ 1.00_									
Board Member			Х						(0	0
(7) Mike Carpenter		1.00									
Board Member			Х						(0	0
(8) Ruth_Orr		_ 1.00_									
Board Member			Х						(0	0
(9) Stan_Taylor		_ 1.00_									
Board Member			Х						(0	0
(10)Kathy Mayle		_ 1.00_									
Board Member			Х						(0	0
(11)Dave Simon		_ 1.00_									
Board Member			Х	_					(0	0
(12)Ruth Nau		_ 1.00_	,.								
Board Member			Х						(0	0
(13)Brian_Hall		_ 1.00_	,.								
Board Member			Х						(0	0
(14)Mike_Finney, President		2.00									
Board President					X				(0	0 (2018)

rait	(A) Name and title			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Officer Individual trustee				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
	nneth Oehlers, Director	40.00				Х			(0			0
/4C\						21							
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
<u>(22)</u>													
(23)													
(24)													
(25)													
1b c d	Sub-total	n A		 				>	(e than \$100,000 of	1			0
	· · · · · · · · · · · · · · · · · · ·											Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>		-		-		-		•		3		X
4	For any individual listed on line 1a, is the sum of repo	ortable comp	ensati	on a	nd of	ther	comp	ensa	tion from the				
	organization and related organizations greater than individual				ompi	ete : 	Sched 	iule .	J for such		4		X
5	Did any person listed on line 1a receive or accrue co	•		-			-						37
Section	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete St	cneaui	e J ī	or st	ıcn p	persor	1 .			5		X
1	Complete this table for your five highest compensated compensation from the organization. Report comper year.												
	(A)								(B)			(C)	
	Name and business address								Description of	SEI VICES	Com	ensation	
-													
2	Total number of independent contractors (including larceived more than \$100,000 of compensation from			ose •	listed	d abo	ove) w	vho					

31-1286856

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or no	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ي ق	C	Fundraising events	1c					
ifts, ≖A	d	Related organizations	1d					
ე, ც.ც	e	Government grants (contributions)	1e	220,359				
is is	f	All other contributions, gifts, grants,		220,333				
but	•	and similar amounts not included above	1f	842,897				
d dr	g	Noncash contributions included in lines 1a-		042,037				
ပို့ န	9 h	Total. Add lines 1a-1f	,		1,063,256			
		Total. Add lines ra-II	• •	Business Code	1,003,230			
e	22	Restore Sales		444100	613,155	613,155		
ven		Home Sales		236000	230,741	230,741		
Program Service Revenue		Mortgage Disc Amort		522220	66,839	66,839		
Zic		Construction income		230000	00,639	00,039		
Š	e	Constituction income		230000				
ogra		All other program service revenue						
Ę		Total. Add lines 2a-2f			910,735			
					510,733			
	3	Investment income (including dividends, inter and other similar amounts)		•	2,319	2,319		
	4	Income from investment of tax-exempt bond			2,313	2,313		
	5	Royalties	•					
		(i) Real		(ii) Personal				
	6a	Gross rents		(ii) i cioonai				
		Less: rental expenses						
		Rental income or (loss)						
	l .	Net rental income or (loss)		<u> </u>				
				(ii) Other				
	/a	Gross amount from sales of assets other than inventory (i) Securitie	•	(ii) Other				
	١.							
	D	Less: cost or other basis and sales expenses						
	_	Onin an (lana)						
		Net gain or (loss)		<u> </u>				
ō	l	Gross income from fundraising	• •	· · · · · · · · · · ·				
enne	- Oa	events (not including \$						
Sev.		of contributions reported on line 1c).	_					
Other Reve		See Part IV, line 18	2					
€	h	Less: direct expenses						
	l .	Net income or (loss) from fundraising events						
		Gross income from gaming activities.	•	· · · · · · · · · · ·				
	Ju	See Part IV, line 19	2					
	h	Less: direct expenses						
		Net income or (loss) from gaming activities						
			• •					
	10a	Gross sales of inventory, less returns and allowances	а					
	h	Less: cost of goods sold						
	l .	Net income or (loss) from sales of inventory						
	Ť	Miscellaneous Revenue	•	Business Code				
	11a	Misc		444100	22,614	22,614		
		In-Kind Support		236000	(25,472)	(25,472)	<u> </u>	
	C		_		(23,1,2)	(=0,1,2)	·	
		All other revenue	_					
		Total. Add lines 11a-11d			(2,858)			
		Total revenue. See instructions			1,973,452	910,196	0	0

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). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 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 539,421 459,421 50,000 30,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 64,286 55,386 5,500 3,400 11 Fees for services (non-employees): b Legal...... 20,600 13,600 7,000 d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 61,473 11,000 50,473 13 23,599 21,182 2,417 14 15 16 31,478 800 32,278 17 22,923 22,923 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 31,437 31,437 21 24,932 24,932 22 Depreciation, depletion, and amortization 33,083 30,512 2,571 23 24,191 24,191 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Printing 1,056 1,056 b Cost of Sales 285,771 285,771 C Mortgage Discounts 91,077 91,077 d Repairs and Maintenance 11,783 11,783 All other expenses е 19,102 19,102 Total functional expenses. Add lines 1 through 24e 25 1,287,012 1,134,851 65,871 86,290 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	594,590	1	257,044
	2	Savings and temporary cash investments	131,042	2	140,311
	3	Pledges and grants receivable, net	3,442	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net	1,167,642	7	1,222,789
Assets	8	Inventories for sale or use	1,989	8	16,243
As	9	Prepaid expenses and deferred charges	7,740	9	6,632
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,733,130			
	b	Less: accumulated depreciation	1,178,506	10c	1,527,385
	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	907,050	15	1,406,966
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,992,001	16	4,577,370
	17	Accounts payable and accrued expenses	23,144	17	41,020
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	31,445	21	32,796
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lial		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	782,016	23	658,663
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	43,231	25	46,286
	26	Total liabilities. Add lines 17 through 25	879,836	26	778,765
		Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and			
ses	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	0 004 101	27	2 655 120
lan	28	Temporarily restricted net assets	2,704,191	28	3,655,139
Ba	20 29	Permanently restricted net assets	407,974	29	143,466
nuq	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		29	
Y F		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	3,112,165	33	3,798,605
	34	Total liabilities and net assets/fund balances		34	4,577,370
	J +	TOTAL HADILITIES ATIA HEL ASSETS/TUTIO DATATIOSS	3,992,001	J4	±,3//,3/0

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1,9	73,4	152
2	Total expenses (must equal Part IX, column (A), line 25)	1,2	287,0	12
3	Revenue less expenses. Subtract line 2 from line 1	•	586,4	440
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3,1	12,1	L65
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	3,7	798,6	505
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🔀 Accrual 🗎 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
_	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Name of the organization

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Habitat for Humanity of SE Ohio 31-1286856 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	801,365	1,154,317	662,829	935,770	1,063,256	4,617,537
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 through 3	801,365	1,154,317	662,829	935,770	1,063,256	4,617,537
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						4,617,537
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	801,365	1,154,317	662,829	935,770	1,063,256	4,617,537
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	222	171	201	1,686	2,319	4,599
9	Net income from unrelated business activities, whether or not the business is regularly carried on						·
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	687,261	892,316	1,114,706	841,449	933,349	4,469,081
11	Total support. Add lines 7 through 10 .						9,091,217
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su		_				
14	Public support percentage for 2018 (line 6, o						50.79 %
15	Public support percentage from 2017 Sched					15	53.51 %
16a	33 1/3% support test - 2018. If the organize			•	•		
	box and stop here. The organization qualit						▶ 🗵
b	33 1/3% support test - 2017. If the organiz						
	this box and stop here. The organization q						▶ ⊔
17a	10%-facts-and-circumstances test - 2018	•					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fac		_	•			. \square
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017	ŭ		· ·		iine	
	15 is 10% or more, and if the organization					-1.	
	Explain in Part VI how the organization mee			•	•	•	. \square
40		not shock a boy or					▶ ⊔
18	Private foundation. If the organization did						
	instructions	<u> </u>					▶ ⊔

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen					T T	
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	JU		
	3с		
	4a		
	4b		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
			_
	7		
	8		
	0-		
	9a		
	9b		
	30		
	9с		
	10a		
	_		_
	10b		
A (Fo	rm 990	or 990-E	Z) 2018

Pai	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		1a		
		1b		
		1c		
sec	tion B. Type I Supporting Organizations	$\overline{}$	V	
	Did the directors to the company of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
202	tion C. Type II Supporting Organizations			
500			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
_				
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ucti	ions)	
а				
b				
С				ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	,	а		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	·	b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	11 9	а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b		

Sched	lule A (Form 990 or 990-EZ) 2018		31-128	6856 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explai	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Section	ns A through E.
C	tion A. Adiveted Not Income		(A) Drien Veen	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CO	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year
			(71) Thor Tear	(optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	actors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
_ 5		5		
6		6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

instructions).

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

EEA

Schedu	e A (Form 990 or 990-EZ) 2018	E Ohio	31-128	36856 Page 7
Par	-			, d d d d d d d d d d d d d d d d d d d
	tion D - Distributions	, <u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish exem	int nurnoses		
	Amounts paid to supported organizations to accomplish exempt			
_	organizations, in excess of income from activity	purposes or supported		
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ione	
	Amounts paid to acquire exempt-use assets	or supported organizati	10115	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	organization is respons	eive	
·	(provide details in Part VI). See instructions.	organization to reopenie		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
С	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
•	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			

EEA

8 Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

7 Excess distributions carryover to 2019. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Internal Revenue Service

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number Habitat for Humanity of SE Ohio 31-1286856 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 🗌 Yes 🗌 No conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 🗌 Yes 🗌 No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X

Pa	t III Organizations Maintaining Colle	ctions of A	rt, Historical	Treasures, c	or Othe	r Similar Ass	ets (cor	tinue	d)
3	Using the organization's acquisition, accession, and or	ther records, ch	eck any of the fo	ollowing that are a	significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d Loai	n or exchange p	rograms					
b	Scholarly research	e 🗌 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collections	and explain ho	w they further the	e organization's e	xempt pu	rpose in Part			
	XIII.								
5	During the year, did the organization solicit or receive	donations of ar	t, historical treas	ures, or other sim	ilar				
	assets to be sold to raise funds rather than to be main	ntained as part	of the organizati	on's collection?			🗌 Y	es	No
Pa	t IV Escrow and Custodial Arrangeme								
	Complete if the organization answe	red "Yes" or	n Form 990, F	Part IV, line 9,	or repo	orted an amou	nt on Fo	rm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or other	er intermediary f	for contributions	or other assets n	ot		_	_	_
	included on Form 990, Part X?						🗌 Y	'es ∑	X No
b	If "Yes," explain the arrangement in Part XIII and com-	plete the follow	ing table:			1			
						Am	ount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								_
2a	Did the organization include an amount on Form 990,				-			_	_ No
b	If "Yes," explain the arrangement in Part XIII. Check h	ere if the expla	nation has been	provided on Part	XIII .			<u> L</u>	
Pa	t V Endowment Funds.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Farm 000 I	20mt IV line 40	`				
	Complete if the organization answe						T		
4-		Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four	years ba	ack
1a 	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and								
A	Grants or scholarships								
d	Other expenditures for facilities and								
Е	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year	end balance (lin	ne 1g. column (a)	ı) held as:					
a	Board designated or quasi-endowment	,	.o .g, oo.a (a,	,,					
b	Permanent endowment ► %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should equal	100%.							
3a	Are there endowment funds not in the possession of	the organization	n that are held ar	nd administered fo	r the				
	organization by:	-						Yes	No
	(i) unrelated organizations						. 3a(i)		
	(ii) related organizations						. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations list	ted as required	on Schedule R?				. 3b		
4	Describe in Part XIII the intended uses of the organization	ation's endowm	nent funds.						
Pa	t VI Land, Buildings, and Equipment.								
	Complete if the organization answe	red "Yes" or	n Form 990, F	Part IV, line 11	la. See	Form 990, Pa	art X, line) 10.	
	Description of property	(a) Cost or other	er basis (b) (Cost or other basis	(c) A	ccumulated	(d) Bool	< value	
		(investme	nt)	(other)	dep	preciation			
1a	Land			359,742			3	359,7	42
b	Buildings			782,364		102,396	•	79,9	68
С	Leasehold improvements			69,081		27,956		41,1	.25
d	Equipment			111,259		75,393		35,8	366
e	Other			410,684				10,6	
Tota	. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part 🕽	K, column (B), lir	ne 10c.)		▶	1,5	527,3	885

Part VII	Investments - Other Securities.	d \/.a= a	t IV line 44h Coo Form 000 F	ant V. Brando
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11b. See Form 990, F	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation	ue
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
T CIT VIII	Complete if the organization answere	d "Yes" on Form 990, Part	t IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
(1)			Cost or end-of-year market value	ie
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
-	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I all IX	Complete if the organization answere	d "Ves" on Form 990 Part	t IV line 11d See Form 990 F	Part X line 15
			117, line 114. Gee 1 6111 336, 1	(b) Book value
(1) Congt	ruction in Progress	Description		406,523
	for future construction			
				182,035
(3) Inves	tments			818,408
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 1	<i>E</i>)		1 406 066
Part X	Other Liabilities.	5.)		1,406,966
raitA	Complete if the organization answere	d "Voc" on Form 000 Part	t IV line 11e or 11f See Form	000 Part V
	line 25.	d Tes off offi 990, Fair	tiv, line the or thi. See Follin	990, Fait A,
1. (1) Factorial i	(a) Description of liability	(b) Book value	-	
	income taxes		-	
	ed vacation	15,366		
	ed and withheld taxes	4,246		
	ed payroll and related tax	24,498		
	ed interest	2,126		
	o Affiliate	50		
(7)				
(8)				
(9)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)	46,286		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	Complete if the expenientian engineed "Vee" on Form 000 Port IV line 100		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,973,452
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,973,452
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4-	
c	Add lines 4a and 4b	4c	
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Dotu	1,973,452
ra		er Ketu	ırn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 000 010
1	Total expenses and losses per audited financial statements	1	1,287,012
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
a		-	
b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,287,012
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4-	
c	Add lines 4a and 4b	4c	1 000 010
5 Do	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,287,012
	· ·		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa	π X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

31-1286856 Habitat for Humanity of SE Ohio 01. Form 990 governing body review (Part VI, line 11) The Board reviews the 990 before it is signed and submitted to the IRS 02. Conflict of interest policy compliance (Part VI, line 12c) Board members are required to disclose conflicts of interest, if any, annually. 03. Governing documents, etc, available to public (Part VI, line 19) The organization provides documentation upon request. 04. Explanation of other changes in net assets or fund balances (Part XI, line 9) Acquisition of Habitat for Humanity of Perry and Hocking Counties