** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: DAYTON OHIO HABITAT FOR HUMANITY INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 494 | Room/suite

City or town, state or country, and ZIP + 4: DAYTON, OH 45409

D Employer identification number 31-1104456

E Telephone number 937-586-0860

G Gross receipts $ 1,623,310.

F Name and address of principal officer: DIANE GRAHAM
SAME AS C ABOVE

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

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

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

J Website: ▶ WWW.DAYTONHABITAT.ORG

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE DECENT, AFFORDABLE HOUSING FOR LOW INCOME FAMILIES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	3000
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	822,662.	796,311.
	9	Program service revenue (Part VIII, line 2g)	388,784.	585,230.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,890.	2,820.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,797.	238,949.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,249,133.	1,623,310.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	448,123.	548,534.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 98,939.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	894,347.	1,049,594.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,362,470.	1,598,128.
	19	Revenue less expenses. Subtract line 18 from line 12	-113,337.	25,182.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,236,854.	3,211,006.
	21	Total liabilities (Part X, line 26)	430,870.	397,713.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,805,984.	2,813,293.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ DIANE GRAHAM, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FLAGEL, HUBER, FLAGEL & CO.
3400 SOUTH DIXIE DRIVE
DAYTON, OH 45439

EIN ▶

Phone no. ▶ (937)299-3400

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
DAYTON OHIO HABITAT FOR HUMANITY WORKS IN PARTNERSHIP WITH GOD AND PEOPLE FROM ALL WALKS OF LIFE TO DEVELOP COMMUNITIES WITH PEOPLE IN NEED BY BUILDING AND RENOVATING HOUSES SO THAT THERE ARE DECENT AND AFFORDABLE HOMES IN SAFE COMMUNITIES WHERE FAMILIES CAN LIVE AND GROW.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 1,057,029. including grants of $ 686,966.) (Revenue $ 0.)
CONSTRUCTION OF AFFORDABLE HOUSING: IN MONTGOMERY COUNTY THERE ARE APPROXIMATELY 24,000 FAMILIES PAYING EXCESSIVE RENTS OF MORE THAN 50% OF THEIR MONTHLY INCOME, OR LIVING IN INADEQUATE HOUSING. DAYTON OHIO HABITAT FOR HUMANITY IS ONE OF 21 HOUSING ORGANIZATIONS IN MONTGOMERY COUNTY SEEKING TO ADDRESS THESE HOUSING ISSUES; HOWEVER, OUR UNIQUE PROGRAM PROVIDES VERY LOW-INCOME FAMILIES WHO OTHERWISE WOULD NEVER OWN A HOME AN OPPORTUNITY FOR DIRECT, RESPONSIBLE HOMEOWNERSHIP. HOMEOWNERSHIP ADDS VALUE TO OUR COMMUNITY, STABILIZES OUR NEIGHBORHOODS, INCREASES THE REAL ESTATE TAX BASE, AND CREATES UPWARD MOBILITY FOR FAMILIES. HABITAT FOR HUMANITY'S AFFORDABLE HOUSING PROGRAM IS NOT A CHARITY; IT PROVIDES A "HAND UP - NOT A HANDOUT", WHICH PROMOTES AN ATMOSPHERE OF PARTNERSHIP WITH VOLUNTEERS AND

4b (Code:) (Expenses $ 142,338. including grants of $) (Revenue $ 220,940.)
RESTORE: RECYCLE, REUSE, REVIVE: THE DAYTON HABITAT RESTORE PROGRAM SELLS QUALITY USED AND SURPLUS BUILDING MATERIALS TO THE GENERAL PUBLIC AT A FRACTION OF RETAIL PRICES. PROCEEDS FROM THE SALES HELP FUND THE CONSTRUCTION OF HABITAT HOMES WITHIN MONTGOMERY COUNTY. THE PROGRAM OFFERS HABITAT PARTNER FAMILIES THE OPPORTUNITY TO VOLUNTEER IN THE RESTORE TO EARN SWEAT EQUITY, AND INDIVIDUALS PERFORMING COMMUNITY SERVICE THROUGH THE COURTS EARN THEIR HOURS THROUGH VOLUNTEERING IN THIS PROGRAM. MATERIALS SOLD BY THE HABITAT RESTORE ARE DONATED FROM BUILDING SUPPLY STORES, CONTRACTORS, DEMOLITION CREWS AND PRIVATE INDIVIDUALS WHO WISH TO SHOW THEIR SUPPORT FOR HABITAT. IN ADDITION TO RAISING FUNDS, RESTORE HELPS THE ENVIRONMENT BY RECHANNELING GOOD, USABLE MATERIALS BACK INTO THE MARKET AND DIVERTS TONS OF MATERIAL FROM

4c (Code:) (Expenses $ 47,031. including grants of $ 25,000.) (Revenue $ 0.)
FAMILY SERVICES: THE FAMILY SERVICES PROGRAM PROVIDES DIRECT DELIVERY OF SERVICES TO QUALIFIED LOW INCOME FAMILIES THROUGHOUT MONTGOMERY COUNTY AS (1) PROSPECTIVE, (2) SELECTED, (3) PRE-PURCHASE AND (4) POST-CLOSING PARTNER FAMILIES IN THEIR LIFE-LONG JOURNEY TO BE SELF-SUFFICIENT, MORTGAGE-PAYING, RESPONSIBLE HOMEOWNERS AND PRODUCTIVE MEMBERS OF THEIR COMMUNITIES. CURRENTLY WE ARE SERVING APPROXIMATELY 160 FAMILIES IN ONE OR MORE OF THE FOUR PHASES OF PARTNERSHIP. THE SELECTION OF HOMEOWNERS USES EQUAL HOUSING OPPORTUNITY STANDARDS THAT DO NOT DISCRIMINATE ON THE BASIS OF RELIGION, RACE, OR ETHNIC BACKGROUND. ALL APPLICABLE FEDERAL AND STATE LAWS REGARDING MORTGAGE LENDING ARE FOLLOWED. SELECTION STANDARDS ARE: (1) FAMILY INCOME IS 30%-60% OF THE MEDIAN INCOME FOR MONTGOMERY COUNTY WITH ADJUSTMENTS FOR

4d Other program services. (Describe in Schedule O.)
(Expenses $ 82,005. including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 1,328,403. *(Must equal Part IX, Line 25, column (B).)*

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as 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 U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *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, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
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 in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966? N/A			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A			9b		
10	**Section 501(c)(7) organizations.** Enter: N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter: N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 19			
b	Enter the number of voting members that are independent 1b 19			
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE ORGANIZATION - 937-586-0860
1041 S PATTERSON BLVD, DAYTON, OH 45402

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
PATTI BALLARD TRUSTEE	2.00	X						0.	0.	0.
JANET BLANK SECRETARY	2.00	X		X				0.	0.	0.
DAVID BOHARDT TRUSTEE	2.00	X						0.	0.	0.
JENNIFER BOND PRESIDENT	2.00	X		X				0.	0.	0.
DOUGLAS CLINE VICE PRESIDENT	2.00	X		X				0.	0.	0.
GERRY DALY TRUSTEE	2.00	X						0.	0.	0.
MATT HIPPENMEYER TRUSTEE	2.00	X						0.	0.	0.
GISELLE JOHNSON TRUSTEE	2.00	X						0.	0.	0.
JOHN KOEPKE TRUSTEE	2.00	X						0.	0.	0.
PAM BLUMENSHEID TRUSTEE	2.00	X						0.	0.	0.
LAURA MOORE TRUSTEE	2.00	X						0.	0.	0.
SHANNON COSTELLO TRUSTEE	2.00	X						0.	0.	0.
BRIAN PRENGER TRUSTEE	2.00	X						0.	0.	0.
SUZANNE KLOPFENSTEIN TRUSTEE	2.00	X						0.	0.	0.
LEE MASSOUD TRUSTEE	2.00	X						0.	0.	0.
SUZANNE VLAHOS TRUSTEE	2.00	X						0.	0.	0.
TIM MISLANSKY TREASURER	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
DENISE SWICK TRUSTEE	2.00	X						0.	0.	0.
TROY SINGER TRUSTEE	2.00	X						0.	0.	0.
GARY LUTTRELL CHIEF FINANCIAL OFFICER	40.00			X				45,000.	0.	0.
DIANE GRAHAM EXECUTIVE DIRECTOR	40.00				X			61,038.	0.	0.
1b Total ▶								106,038.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	254,463.			
f All other contributions, gifts, grants, and similar amounts not included above	1f	541,848.			
g Noncash contributions included in lines 1a-1f: $ 40,308.					
h **Total.** Add lines 1a-1f ▶		796,311.			
Program Service Revenue	Business Code				
2 a HOME SALES	531390	429,746.	429,746.		
b MORTGAGE LOAN DISCOUNT	531390	155,484.	155,484.		
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f ▶		585,230.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		2,820.			2,820.
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross Rents					
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory					
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) ▶					
8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a 7,138.				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events ▶		7,138.	7,138.		
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11 a RESALE OPERATIONS	453310	230,898.	230,898.		
b					
c					
d All other revenue	900099	913.	913.		
e **Total.** Add lines 11a-11d ▶		231,811.			
12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		1,623,310.	824,179.	0.	2,820.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	106,038.	77,408.	14,845.	13,785.
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	442,496.	323,022.	61,950.	57,524.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	18,130.	6,336.	9,435.	2,359.
12 Advertising and promotion	11,043.	1,104.	3,313.	6,626.
13 Office expenses	35,723.	21,434.	10,717.	3,572.
14 Information technology				
15 Royalties				
16 Occupancy	4,380.	2,190.	1,971.	219.
17 Travel	12,889.	4,640.	6,831.	1,418.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,713.		6,713.	
21 Payments to affiliates	8,383.	8,383.		
22 Depreciation, depletion, and amortization	27,666.	21,856.	5,810.	
23 Insurance	19,931.	15,945.	2,790.	1,196.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BUILDING MATERIALS AND	489,871.	489,871.		
b MORTGAGE DISCOUNTS	167,525.	167,525.		
c BUILDING SERVICES	130,417.	130,417.		
d UTILITIES	43,266.	21,633.	19,470.	2,163.
e PROPERTY MAINTENANCE	36,682.	14,673.	14,673.	7,336.
f All other expenses	36,975.	21,966.	12,268.	2,741.
25 **Total functional expenses.** Add lines 1 through 24f	1,598,128.	1,328,403.	170,786.	98,939.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	138,001.	1	127,963.
	2	Savings and temporary cash investments	132,981.	2	79,291.
	3	Pledges and grants receivable, net		3	51,882.
	4	Accounts receivable, net	9,971.	4	8,391.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,231,137.	7	2,242,577.
	8	Inventories for sale or use	261.	8	
	9	Prepaid expenses and deferred charges	7,779.	9	
	10a	Land, buildings, and equipment: cost basis 10a 332,476.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 129,464.	222,497.	10c	203,012.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	91,872.	12	76,819.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	402,355.	15	421,071.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,236,854.	16	3,211,006.
Liabilities	17	Accounts payable and accrued expenses	136,528.	17	104,785.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D	99,272.	21	128,066.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	86,674.	23	58,584.
	24	Unsecured notes and loans payable	18,230.	24	16,112.
	25	Other liabilities. Complete Part X of Schedule D	90,166.	25	90,166.
	26	**Total liabilities.** Add lines 17 through 25	430,870.	26	397,713.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,738,414.	27	2,745,723.
	28	Temporarily restricted net assets	0.	28	0.
	29	Permanently restricted net assets	67,570.	29	67,570.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,805,984.	33	2,813,293.
	34	Total liabilities and net assets/fund balances	3,236,854.	34	3,211,006.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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
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?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number 31-1104456

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 [ ] 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: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)

9 [ ] 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 the Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii)	A family member of a person described in (i) above?	**11g(ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

832021 12-17-08

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1230407.	1388174.	1016888.	822,662.	796,311.	5254442.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	1230407.	1388174.	1016888.	822,662.	796,311.	5254442.
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.						5254442.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1230407.	1388174.	1016888.	822,662.	796,311.	5254442.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,876.	6,788.	9,997.	6,890.	2,820.	28,371.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					913.	913.
11 **Total support.** Add lines 7 through 10						5283726.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 2,539,284.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 99.45 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 99.36 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ [X]

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

2008

Name of the organization	**Employer identification number**
DAYTON OHIO HABITAT FOR HUMANITY INC	31-1104456

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

Name of organization	Employer identification number
DAYTON OHIO HABITAT FOR HUMANITY INC	31-1104456

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 42,615.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
DAYTON OHIO HABITAT FOR HUMANITY INC	31-1104456

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 33,369.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		$ 19,155.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		$ 22,972.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		$ 27,362.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		$ 79,086.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12		$ 85,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
DAYTON OHIO HABITAT FOR HUMANITY INC	31-1104456

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		$ 43,327.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number 31-1104456

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a-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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	91,872.				
b Contributions					
c Investment earnings or losses	-13,453.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-1,600.				
g End of year balance	76,819.				

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

a Board designated or quasi-endowment ▶ 10.24 %
b Permanent endowment ▶ 89.76 %
c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	26,605.			26,605.
b Buildings	125,252.		40,042.	85,210.
c Leasehold improvements	35,614.		5,867.	29,747.
d Equipment	35,523.		23,169.	12,354.
e Other	109,482.		60,386.	49,096.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				203,012.

Part VII Investments - Other Securities. See Form 990, Part 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 value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
CONSTRUCTION IN PROCESS	214,823.
LAND FOR DEVELOPMENT	186,248.
RECEIVABLES--OTHER	20,000.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	421,071.

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

(a) Description of liability	(b) Amount
Federal income taxes	
LINE OF CREDIT	90,166.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	90,166.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,623,310.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,598,128.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	25,182.
4	Net unrealized gains (losses) on investments	4	-16,409.
5	Donated services and use of facilities	5	
6	Investment expenses	6	-1,464.
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-17,873.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	7,309.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,633,220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-16,409.		
b	Donated services and use of facilities	2b	27,783.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	11,374.
3	Subtract line **2e** from line **1**			3	1,621,846.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,464.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	1,464.
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	1,623,310.

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

1	Total expenses and losses per audited financial statements			1	1,625,911.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	27,783.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	27,783.
3	Subtract line **2e** from line **1**			3	1,598,128.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	1,598,128.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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

INCLUDED IN ESCROW CASH ARE AMOUNTS RECEIVED FOR INSURANCE AND PROPERTY

TAXES ON SUCH HOMES.

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number: 31-1104456

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential	X	1	14,000.	COMPARABLES
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (APPLIANCES/CO)	X	6	26,308.	COMPARABLES
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2008

832141
03-11-09

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number: 31-1104456

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

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

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

LANDFILLS THROUGH RECYCLING CENTERS. OUR RESTORE PROGRAM ALSO ENGAGES IN SELECTIVE DECONSTRUCTION PROJECTS TO GENERATE SALEABLE MATERIAL AND USES LABOR FROM THE URBAN LEAGUE MATURE WORKERS PROGRAM AS WELL AS VOLUNTEER LABOR FROM THE COMMUNITY AT LARGE.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number: 31-1104456

FAMILY SIZE; (2) ABILITY TO REPAY WITH VERIFIABLE INCOME; (3) DEBT TO-INCOME RATIO CANNOT EXCEED 38%; (4) IF EMPLOYED, AT LEAST 6 MONTHS ON THE JOB; (5) CURRENTLY LIVING IN SUBSTANDARD HOUSING; AND (6) A WILLINGNESS TO PARTNER THROUGH SWEAT EQUITY. SELECTED PARTNER FAMILIES ARE REQUIRED TO COMPLETE A 26-HOUR CURRICULUM OF WORKSHOPS AND SEMINARS, ALL OF WHICH ARE CRITICAL TO THE END RESULT OF THE PARTNER FAMILY BECOMING A RESPONSIBLE HOMEOWNER. SUBJECTS INCLUDE: MONEY SKILLS; HOME MAINTENANCE; LEGAL ISSUES; COMMUNITY INVOLVEMENT; COMMUNITY RESOURCES; AND INSURANCE. POST-CLOSING SERVICES INCLUDE NEWSLETTERS, MANAGEMENT OF A VOLUNTARY HOMEOWNERSHIP ASSOCIATION, BUDGET MENTORING AS REQUIRED, MORTGAGE MANAGEMENT, COMMUNITY RESOURCE ASSISTANCE AND CONTINUING LIFE SKILLS EDUCATIONAL AND RECREATIONAL OPPORTUNITIES. THROUGHOUT THE YEAR, WE EVALUATE THE PROGRAM'S SUCCESS IN (1) CONTINUING TO ADD ELIGIBLE PROSPECTIVE HOMEOWNERS TO OUR PRE-CONSTRUCTION QUEUE, (2) MAINTAINING OUR POST-CLOSING FAMILIES AS RESPONSIBLE HOMEOWNERS (PAYING MORTGAGES AND CARING FOR PROPERTY), (3) HELPING OUR POST-CLOSING FAMILIES AND THEIR CHILDREN GROW AS SELF-SUFFICIENT, ENGAGED MEMBERS OF OUR COMMUNITY.

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number: 31-1104456

OUR VOLUNTEERS HELP BY SWINGING HAMMERS, PREPARING MEALS, HELPING IN THE OFFICE, DRIVING A TRUCK, MENTORING FAMILIES, AND MUCH, MUCH, MORE. WE UTILIZE AN ON-LINE, PERSONALIZED VOLUNTEER REGISTRATION AND PLACEMENT OF SERVICE SYSTEM TO ASSURE THAT EVERY VOLUNTEER HAS THE OPPORTUNITY TO SELECT A SPECIFIC WORK SITE, LEARN NEW CONSTRUCTION SKILLS, INTERACT WITH OUR PARTNER FAMILIES, AND MEET THEIR PERSONAL AND/OR PROFESSIONAL COMMUNITY SERVICE GOALS WITH APPROPRIATE DOCUMENTATION AND RECOGNITION. IN ADDITION TO ACTUALLY BUILDING OUR HOMES WITH VOLUNTEER LABOR, ALL OF OUR PROGRAMS AND OPERATIONS ARE HEAVILY STAFFED WITH VOLUNTEERS. BUILDING AND GROUNDS, CONSTRUCTION, FAMILY SELECTION, CLASSROOM INSTRUCTORS, PERSONAL AND BUDGET MENTORS, PUBLIC RELATIONS AND COMMUNITY EDUCATION, FINANCE, NOMINATING, AND STRATEGIC PLANNING ACCOUNT FOR 150-200 HIGHLY SKILLED PROFESSIONALS WHO VOLUNTEER THEIR TIME AND TALENTS ON BEHALF OF OUR PARTNER FAMILIES. WE SOLICIT, CULTIVATE, TRAIN, AND RECOGNIZE OUR VOLUNTEERS THROUGHOUT THE YEAR WITH MULTI-FACETED COMMUNICATION TOOLS THAT INCLUDE SOCIAL MEDIA, WEBSITE, PRINTED NEWSLETTERS, ANNUAL REPORT, AND PERSONAL VISITS TO FAITH-BASED ORGANIZATIONS, CORPORATIONS, SOCIAL AND SERVICE CLUBS. EXPENSES $ 82005. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE. FORM 990 IS REVIEWED BY THE ENTITY'S FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: PERIODIC REVIEWS ARE CONDUCTED TO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

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Name of the organization: DAYTON OHIO HABITAT FOR HUMANITY INC

Employer identification number: 31-1104456

ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

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

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