NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



DLN: 93493046018100

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)

OMB No 1545-0047

Department of the Treasury

►The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number B Check if applicable Please Habitat for Humanity for Lee County use IRS label or Address change 59-2236174 Doing Business As E Telephone number Name change print or type. See Specific (239) 652-0434 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 6,189,053 Termination tions. Amended return City or town, state or country, and ZIP + 4 North Fort Myers, FL 33903 Application pending Name and address of Principal Officer H(a) Is this a group return for Vernon Archibald affiliates? 1288 North Tamiami Trail North Fort Myers, FL 33903 ┌ Yes ┌ No H(b) Are all affiliates included? **✓** 501(c) (3) **◄** (insert no) **☐** 4947(a)(1) or **☐** 527 (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► www habitat4humanity org K Type of organization
✓ Corporation
trust
association
other ► L Year of Formation 1982 M State of legal domicile FL Part I Summary Briefly describe the organization's mission or most significant activities Habitat for Humanity of Lee County, Inc. is a charitable, non-profit organization dedicated to providing housing for those who Activities & Governance cannot otherwise afford a decent place to live, with the ultimate goal of eliminating sub-standard housing in Lee County, contributing to family and community stability Check this box 🕝 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) . 83 Total number of employees (Part V, line 2a) . . 2,718 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII. line 12. column (C) 7a Net unrelated business taxable income from Form 990-T, line 34 0 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 4,580,435 2,820,170 5,204,636 2,277,381 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 145,745 -194,098 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,145,425 855,604 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 5,759,057 11,076,241 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 148,484 154,479 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-2,595,196 2,492,252 Expenses 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 (Total fundraising expenses, Part IX, column (D), line 25 $\underline{184,446}$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,244,805 9,165,584 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 11,988,485 11,812,315 19 Revenue less expenses Subtract line 18 from line 12 -912,244 -6,053,258 Assets or delaseres **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 28,971,951 22,819,761 21 Total liabilities (Part X, line 26) 1,676,273 1.617.208 22 Net assets or fund balances Subtract line 21 from line 20 27,295,678 21,202,553 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 **Please** 2010-02-15 Sign Signature of officer Here Vernon Archibald President/CEO Type or print name and title

Mauldin & Jenkins CPA's LLC

Atlanta, GA 303395946 May the IRS discuss this return with the preparer shown above? (See instructions) $\,$.

200 Galleria Parkway SE Suite 1700

Preparer's s signature

Firm's name (or yours

address, and ZIP + 4

Paid

Preparer's

Use Only

Jeff T Fucito

FTN ▶

Preparer's PTIN (See Gen Inst)

Phone no (770) 955-8600

Check If

empolyed 🕨 🔽

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

4e	Total program service expenses \$	5,819,506	Must equal Part IX, Line 25, column	(B)	
	(Expenses \$	including grants of \$) (Revenue s)	
4d	Other program services (Describe ii	n Schedule O)			
	maintenance division was formed, temporari complete lawn, maintenance and cleaning ta heads				
₩.	According to the Associated Press, a record 2 unemployed, metropolitan area in the United	0 million-plus people nation I States With the help of o	wide collected unemployment benefits duri ur community, Habitat created jobs to keep	ng 2009 Lee County was the third large families in the homes they worked so h	nard for
4c	(Code) (Expenses \$	261,639 u	ncluding grants of \$	(Revenue \$ 90,532)	
	they would not be able to purchase direct fro during the year to continue with the mission	om the store All of the prof			
	Our Thrift Store accepts donations from all of are able provide us with beautiful furniture the provided with a discount for shopping at our	nat would be available in th	e high end market, but is available at the 1	hrift Store pricing All of our homeowner	s are
4b	(Code) (Expenses \$	283,874	ncluding grants of \$	(Revenue \$)	
	During the fiscal year October 1, 2008 to Sepable to assist 40 new homeowners (including			hroughout Lee and Hendry Counties We	e were
4a	(Code) (Expenses \$	5,273,993	ncluding grants of \$ 154,479) (Revenue \$ 2,027,957)	
	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reveni	ns and 4947(a)(1) tru	sts are required to report the amou	·	
_	If "Yes," describe these changes on S				
	Did the organization cease conducting services?	g or make significant c	hanges in how it conducts any prog	ram 	
	If "Yes," describe these new services	on Schedule O			
	Did the organization undertake any sign the prior Form 990 or 990-EZ?	gnıfıcant program serv	ices during the year which were not	listed on	
	ive, with the ultimate goal of eliminating sub-s				·
	Briefly describe the organization's mission Habitat for Humanity of Lee County, Inc is a ch	nantable, non-profit organiz	ation dedicated to providing housing for the	ose who cannot otherwise afford a decen	nt place to

Part IV	Checklis	st of Re	eauired	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$	10		Νο
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	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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		No
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		Νο
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	Yes	
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 $^{\bullet}$	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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		Νο
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		No
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		No
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	Yes	
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		No

Part IV Checklist of Required Schedules (Continued)

			165	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		,	
	· · · · · · · · · · · · · · · · · · ·	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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		Νο
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		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent 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,	37		Νο
	Part VI 📆			

year

	990 (2008)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
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		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 53 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
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		No
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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 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		Νo
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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
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	8		
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

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	l Managemen	t

			165	140
	For each "Yes" response to lines 2-7 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 18			
Ь	Enter the number of voting members that are independent 15			
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		Νο
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
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	Yes	
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		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νo
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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Richard H Shera Jr 1288 North Tamiami Trail North Fort Myers,FL 33903 (239) 652-0434

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

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			tion :		y)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Officer Institutional Trustee		Former Highest compensated employee Key employee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							►	367,727	7 0	37,320
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	mor	e thar	1 \$ 1	00,000 ın reportabl	e	

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

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 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	Yes	
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		Νο

Section B. Independent Contractors

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Henderson Franlin Attorneys at Law 1715 Monroe Street Fort Myers, FL 33902	Legal Services	112,270
2 Total number of independent contractors (including those in 1) who received more than	\$100,000 in compensation	1

Yes No

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated camp	aıgns 1a			Revenue		312, 313, 01311
at st	b	Membership due	·s					
gra iou	c	Fundraising ever	1b	104,613				
Contributions, gifts, grants and other similar amounts		rundraising ever	nts 1c					
gř Nar	d	Related organiza						
ns, sim	е	Government grants	(contributions) 1e	709,732				
utio er :	f	All other contribution similar amounts not	ns, gifts, grants, and included above	2,005,825				
ē			1 f					
ᆵ	g	Noncash contrib	outions included in 315,142					
ပ	h		1a-1f)	,	2,820,170			
				Business Code				
anı	2a	Low Income Housing	g Rev	531,390	2,277,381	2,277,381		
wer	ь			`				
<u>海</u>	с							
Š	d							
) S el	e							
Ta E	f	All other prograr	m service revenue					
Program Service Revenue								
Δ	g	Total. Add lines ► \$ 2,277,381	2a-2f					
	3		ome (including divid	dends, interest				
		other sımılar am	ounts)		27,788			27,788
	4	Income from investr	ment of tax-exempt bo	ond proceeds				
	5	Royalties		►				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	218,760	(11) 1 0 10 0 11 0 1				
	b	Less rental expenses						
	с	Rental income	218,760					
	d	or (loss) Net rental incom	ne or (loss)		218,760	218,760		
				>				
	7a	Gross amount	(ı) Securities 100,401	(II) O ther 32,952				
		from sales of assets other	,	,				
		than inventory Less cost or	127,416	227,823				
	ь	other basis and sales expenses	127,410	227,023				
	с	Gain or (loss)	-27,015	-194,871				
	d	Net gain or (loss	5)		-221,886	-221,886		
	8a	Gross income from	om fundraising	. •				
		events (not inclu	udıng					
<u> </u>		\$199,4 of contributions						
a e		1c) See Part IV	, line 18					
lev.		Attach Schedule (
¥.	ь	•	enses b	74,757				
Other Revenue	c		oss) from fundraisi	ng events	124,738	124,738		
J	9a	Gross income fro		•				
	-	activities See p	art IV , line 19					
		Complete Schedu exceeds \$15,000						
			а					
	b	Less direct exp						
	С	Net income or (I	oss) from gamıng a	activities ►				
	10a	Gross sales of ir						
		returns and allov	wances .					
	ь	Less cost of go	a odssold h	482,348				
	c		ods sold b oss) from sales of	Inventory	482,348	482,348		
		Miscellaneous		Business Code				
	11a	Miscellaneous		531,390	29,758	29,758		
	ь							
	с							
	d	All other revenue	e					
	e	Total. Add lines						
	12	Tate! D	۸ ما ما المساحة على الم	\$ 29,758	5,759,057	2,911,099	0	27,788
	12	8c,	Add lines 1h, 2g, 3		3,739,037	2,311,099	U	27,708
]		e	•				Form 990 (2008)

Part IX Statement of Functional Expenses

A	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 ı	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	154,479	154,479							
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	431,494	273,937	140,481	17,076					
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	1,523,297	1,379,546		91,586					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,154	4,359		795					
9	Other employee benefits	230,788	187,151	26,307	17,330					
10	Payroll taxes	301,519	253,033	29,570	18,916					
11	Fees for services (non-employees)									
а	Management									
b	Legal	134,758	134,562	196						
c	Accounting	26,927	21,520	5,407						
d	Lobbying	60,510	30,255	30,255						
e	Professional fundraising See Part IV, line 17									
f	Investment management fees	333		333						
g	Other									
12	Advertising and promotion	3,635	2,435	1,200						
13	Office expenses	113,242	63,589	28,354	21,299					
14	Information technology	426	190	236						
15	Royalties									
16	Occupancy	88,921	65,790	22,501	630					
17	Travel	15,856	13,282	1,872	702					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	5,516	2,082	1,318	2,116					
20	Interest	49,979		49,979						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	357,771		357,771						
23	Insurance	109,956	83,385	26,571						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	Impairment Loss	4,381,867		4,381,867						
b	Cost of Home Constructi	2,947,181	2,947,181							
c	Loan Loss Expense	500,000		500,000						
d	Miscellaneous Expense	29,785	16,642	3,180	9,963					
f	All other expenses	338,921	186,088	148,800	4,033					
25	Total functional expenses. Add lines 1 through 24f	11,812,315	5,819,506	5,808,363	184,446					
26	Joint Costs. Check 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			5.6						

	1	
Dart Y	Ralance	Sheet

					(A)		(B	
	1	Cash—non-interest-bearing			Beginning of year 55,508	1	End of	47,891
	2	Savings and temporary cash investments			2,803,264			2,934,051
	3	Pledges and grants receivable, net			832,342			788,523
	4	Accounts receivable, net			651,943			67,747
	5	Receivables from current and former officers, directors, trustees	kaya	mployees or	301,040	+		07,747
		other related parties Complete Part II of Schedule L	•	200,000	5		196,956	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net			7,040,536	7		5,486,976
	8	Inventories for sale or use			269,098	8		201,630
\$	9	Prepaid expenses and deferred charges			1,851	9		1,760
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	9,853,060				
*	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	1,372,676		10c		8,480,384
	11	Investments—publicly traded securities			305,376	11		243,773
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	rt VII d	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line IV,	art VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule			8,243,714			4,370,070
					20.074.054	15		2 040 704
	16	Total assets. Add lines 1 through 15 (must equal line 34)			28,971,951	16		2,819,761
	17	Accounts payable and accrued expenses .		251,505			216,750	
	18	Grants payable				18		
	19	Deferred revenue		19				
9	20	Tax-exempt bond liabilities	33,063	20		19.600		
Liabilities	21 22	Escrow account liability Complete Part IV of Schedule D	33,063	21		19,600		
<u>, E</u>		employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties		•	920,060			915,320
	24	Unsecured notes and loans payable	•		200,051	24		197,007
	25	Other liabilities Complete Part X of Schedule D			271,594	-		268,531
	26	Total liabilities. Add lines 17 through 25			1,676,273	-		1,617,208
	- "	Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lin	es 27	.,,			
ф		through 29, and lines 33 and 34.						
E G	27	Unrestricted net assets			26,463,336	27	2	0,414,030
Balance	28	Temporarily restricted net assets			832,342	28		788,523
돧	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d comp	lete				
ō		lines 30 through 34.						
£	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.			31			
	32	Retained earnings, endowment, accumulated income, or other fu			32			
Ŋet	33	Total net assets or fund balances		27,295,678			1,202,553	
	34	Total liabilities and net assets/fund balances			28,971,951	34	2	2,819,761
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and	Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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	Yes	
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493046018100

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

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.

2008

Open to Public Inspection

Habita	t for H	umanity for Lee	County									
_									-223617			
	rt I			harity Status (to be co					Instruct	ions)		
	rganı:			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section 1	L70(b)(1)((A)(I).			
2	<u> </u>			tion 170(b)(1)(A)(ii). (Attac								
3	<u> </u>	-	·	e hospital service organizati			-		- '		•	
4	ı		-	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
	_	•	name, city, and									
5	ı	An organiza	atıon operated f	for the benefit of a college or	universit	y owned o	roperated	by a gove	ernmental	unit desc	rıbed ın	
		Section 170	0(b)(1)(A)(iv).	(Complete Part II)								
6		A federal, s	state, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	✓	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	\vdash	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)										
9	<u>'</u>	An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
				on after June 30, 1975 See						K) 110111 Du	311103303	
10	\vdash		•	and operated exclusively to			•		•	ee instriic	tions)	
11	<u></u>											ses of
	•	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	\sqcap	By checkin	g this box, I ce	rtıfy that the organizatıon ıs	not contro	olled direc	tly or ındı	rectly by o	one or moi	re disqual	ıfıed pers	ons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (described	ın sectior	n 509(a)(1) or
f		section 50		d a written determination fro	m the IDS	: that it is	a Tuna I	Tung II o	r Tuna III	cupportu	a oranni	antion.
		check this	box							Supportin	ig Organi.	
g		following pe		as the organization accepted	u any gni	or contrib	ution irom	any or the	:			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	y member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports				•	
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	1	nount of
		orted		(described on lines 1-9		ation in	_	nization		ation in	supp	ort?
	Organ	nization		above or IRC section (See Instructions))		listed in verning		of your ort?		rganized US?		
				(See Instructions))		ment?	Supp	,010	"" ""	0 3 .		
					Yes	No	Yes	No	Yes	No	1	
								<u> </u>		1		
										1		
										t		

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	11 IIIIe 5, 7, 01	o of Part 1.)				
	ıblic Support		-		-			
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	4,364,013	4,686,875	5,207,664	4,580,435		2,820,170	21,659,157
	include any "unusual grants ")							
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	4,364,013	4,686,875	5,207,664	4,580,435		2,820,170	21,659,157
	Total. Add line 1-3	4,304,013	4,000,073	3,207,004	4,360,433		2,020,170	21,039,137
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							
Ū	4							21,659,157
T	otal Support	•		·				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	4,364,013	106,983	5,207,664	4,580,435	\-/	2,820,170	21,659,157
8	Gross income from interest, dividends,	, ,	,	, ,	, ,			, ,
0	payments received on securities loans,							
	rents, royalties and income from similar	32,530	106,983	558,432	484,737		246,548	1,429,230
	sources							
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						29,758	29,758
	Part IV)							
11	Total Support (Add lines 7 through 10)							23,118,145
12	Gross receipts from related activities, etc	(See instruction	s)			12		37,976,605
13	First Five Years. If the Form 990 is for the	organization's fu	rst second thur	fourth or fifth	tax vear as a 5	01(c)(31	
	organization, check this box and stop here		,		,	(-)		▶ ┌
	•							,
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		93.690 %
15	Public Support Percentage for 2007 Sched	ule Δ Part IV-Δ	line 26f			15		
					0 4			97.880 %
16a	33 1/3% Test - 2008. If the organization did				1/3% or more,	check	this box	.
	and stop here. The organization qualifies as		-		F 22 1/20/		- - + -	▶ ▼
D	33 1/3% Test - 2007. If the organization di				.5 15 33 1/3% 0	r more	, cneck thi	s ▶□
17-	box and stop here. The organization qualification for the stop in				2 16 2 2 16 2	مرا اسم	. 14 10	. ,
1/4	more, and if the organization meets the "fac	•						
	organization meets the "facts and circumst							w the ►
h	10% Facts and Circumstances Test - 2007.							•
•	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							" ▶□
18	Private Foundation. If the organization did							- · ·
	instructions		,	, ,	,			▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

					Inspe	CUOII
	_	es," to Form 990, Part IV, Line 3,		art VI, line 46 (Political	Campaign Activi	ties)
	, ,, , -	omplete Parts I-A and B Do not comp			_	
	ection 501(c) (other than section ection 527 organizations complet	501(c)(3)) organizations complete F	arts I-A and C belov	v Do not complete Part ⊢i	3	
		es," to Form 990, Part IV, Line 4,	or Form 990FZ. Pa	rt VI. line 47 (Lobbying	Activities)	
	-	at have filed Form 5768 (election und		,	· ·	
	, ,, ,	at have NOT filed Form 5768 (election	, , ,	•	•	: II-A
	-	es," to Form 990, Part IV, Line 5 (Proxy Tax)			
	ection 501(c)(4), (5), or (6) organ	zations complete Part III		T		
	nme of the organization bitat for Humanity for Lee County			Employer id	entification numb	er
	,			59-223617		
Par		by all organizations exemp ee the instructions for Schedule		n 501(c) and sectio	n 527	
1	Provide a description of the o	rganızatıon's dırect and ındırect pol	ıtıcal campaıgn act	ıvıtıes ın Part IV		
2	Political expenditures				\$	0
3	V olunteer hours					
Do-	To be commisted	all average attach average		F01/a\/2\ /Caa th		
Раг	for Schedule C for c	by all organizations exemp letails.)	t under section	1 501(c)(5). (See ur	e msu ucuons	
1	Enter the amount of any excis	e tax incurred by the organization (under section 4955		\$	0
2	Enter the amount of any excis	e tax incurred by organization man	agers under sectior	1 4955	\$	0
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	7	☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part IV					
Par		by all organizations exemp s for Schedule C for details.)	t under section	1 501(c), except se	ction 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	t function activities	¢	0
2					→	
		organızatıon's ınternal funds contrıl	buted to other orgai	nizations for section	Ψ	
	527 exempt funtion activities	-	buted to other orgai	nizations for section	\$ \$	0
3	527 exempt funtion activities	-	-		\$	
3	527 exempt funtion activities Total of direct and indirect ex	empt function expenditures Add Iir	-		\$	
	527 exempt funtion activities Total of direct and indirect ex 1120-POL, line 17b Did the filing organization file State the names, addresses a were made Enter the amount political contributions receive	empt function expenditures Add Iir	r (EIN) of all section paid from the filing and to a separate po	er here and on Form n 527 political organizati organization's own inter litical organization, such	Yes ons to which payr nal funds or were as a separate	0 No
4	527 exempt funtion activities Total of direct and indirect ex 1120-POL, line 17b Did the filing organization file State the names, addresses a were made Enter the amount political contributions receive	empt function expenditures Add lir Form 1120-POL for this year? Ind Employer Identification Number paid and indicate if the amount was dand promptly and directly deliver	r (EIN) of all section paid from the filing and to a separate po	er here and on Form n 527 political organizati organization's own inter litical organization, such	ons to which payr nal funds or were as a separate Part IV (e) A mount of	PNo nents f political received tly and ered to a olitical If none,
4	527 exempt funtion activities Total of direct and indirect ex 1120-POL, line 17b Did the filing organization file State the names, addresses a were made Enter the amount political contributions receive segregated fund or a political	empt function expenditures Add lir Form 1120-POL for this year? Ind Employer Identification Number paid and indicate if the amount was id and promptly and directly deliver action committee (PAC) If addition	r (EIN) of all section paid from the filing ed to a separate ponal space is needed	er here and on Form 1 527 political organizati organization's own inter- litical organization, such 1, provide information in F (d) A mount paid from filing organization's internal funds If none	ons to which payr nal funds or were as a separate Part IV (e) A mount of contributions and promp directly delive separate porganization	PNo nents f political received tly and ered to a olitical If none,

P	art II-A To be completed by (election under sec						768
	Check If the filing organization					•	
<u>B</u>	Check If the filing organization	checked box A an	<u>d "lımıted contro</u>	l" provisions app	ly T		1
	Limits on Lo (The term "expenditure	bbying Expendes" means amounts		.)		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	byıng)			
b	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	/ıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures	(add lines 1c and 1	1 d)				
f	Lobbying nontaxable amount Enter		ie following table	ın both	-		
	If the amount on line 1e, column (a) or (b) is:						
	Not over \$500,000	The lobbying nor 20% of the amount					
	Over \$500,000 but not over \$1,000,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$	1,000,000			
	Over \$1,500,000 but not over \$17,000,000						
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					1
h	Subtract line 1g from line 1a Enter	·0- ıf lıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter -	0- ıflıne fıs more	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h o	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.	See the instru	on 501(h) elections for line	ection do not es 1a through	have to cor 1 1f of the in		ne five
_	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
	Lobbying non-taxable amount						

,			_
Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election unde	er section 501(h)). (See the instructions for Schedule C for details.)	

	3700 (election under section 301(II)). (See the instructions for Schedule C		(a)		(b)	
		Yes	es No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo			
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			6	0,510
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1				6	0,510
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo			
Ь	If "Yes" enter the amount of any tax incurred under section 4912					
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	[
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). (See the instructions for Schedule C for details.)	section	501((5)), or	
					Yes	No
1	Ware substantially all (90% or more) dues received pendeductible by members?			4		i

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
ь	Carryover from last year	2b\$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation

1 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493046018100

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization

Employer identification number

	ortat for Humanity for Lee County		Employer identifi	cation number	
			59-2236174		
Pē	organizations Maintaining Donor Ac organization answered "Yes" to Form 99		nas or Accoun	ts. Complete if th	e
	organization answered Tes to Form 55	(a) Donor advised funds	(b) Funds and	d other accounts	_
1	Total number at end of year	0			0
2	Aggregate Contributions to (during year)	0			0
3	Aggregate Grants from (during year)	0			0
4	Aggregate value at end of year	0			0
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	5	radvised	┌ Yes ┌ No	,
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benefits.		may be	□Yes □No	
Da	rt III Conservation Easements. Complete	if the organization answered "Ves" to	Form 990 Part	,	_
			FOITH 990, Part	1V, iiile 7.	—
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreations)		nistorically importa	antly land area	
	Protection of natural habitat	Preservation of cert		•	
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form (
				at the End of the Ye	
а	Total number of conservation easements		2a		<u> </u>
Ь	Total acreage restricted by conservation easements	5	2b	0 0	0
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c		0
d	Number of conservation easements included in (c) a	ocquired after 8/17/06	2d		0
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	by the organization	n during	
	the taxable year ► 0				
4	Number of states where property subject to conserva	tion easement is located 🕨			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·	cions, and	┌ Yes ┌ No	,
6	Staff or volunteer hours devoted to monitoring, inspec	cting and enforcing easements during the y	⁄ear ►		
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the yea	ar ► \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sect	ion	┌ Yes ┌ No	•
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financial s	•	•	
Par	t III Organizations Maintaining Collectio	ns of Art, Historical Treasures, o	r Other Simila	r Assets.	_
	Complete if the organization answered "				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	n in furtherance of		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		-	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		0
	(ii) Assets included in Form 990, Part X		► \$	O	į
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		- +	vide the	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

0

Part	Organizations Maintaining Col	lections of Art, His	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Asse</u>	: ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any of th	ne fol	lowing that ar	e a significant u	se of its collection	1	
а	Public exhibition	d	Г	Loan or exc	hange programs			
b	Scholarly research	e	Γ	O ther				
c	Preservation for future generations							
4	Provide a description of the organization's col Part XIV	llections and explain hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am				ınızatıon answ	ered "Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermediary	for c	ontributions (or other assets 1		Yes	✓ No
b	If "Yes," explain why in Part XIV and complet	e the following table						
					<u> </u>	A mou	int	
с	Beginning balance				1c			33,063
d	Additions during the year				1d			50,926
е	Distributions during the year				1e			64,389
f	Ending balance				1f			19,600
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21?				▽	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if							
		(a)Current Year (b) Prior	rear (c) iw	o Years Back (d)	Three Years Back (e	Four Y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	end balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
с	Term endowment ▶							
3a	Are there endowment funds not in the posses	sion of the organization	that	are held and a	dministered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)	<u> </u>	
_	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organization	•				3b	<u> </u>	
4	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings				art V lina 10			
Par	t VI Investments—Land, Buildings	, and Equipment. S						
	Description of investment) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land				1,506,163	<u> </u>		1,506,163
b I	Buildings				7,312,540	826,914		6,485,626
c l	Leasehold improvements							
d I	Equipment				232,715	109,329		123,386
e (Other	<u> </u>			801,642	436,433		365,209
Tota	I. Add lines 1a-1e (Column (d) should equal For	m 990, Part X, column (B,), line	10(c).)		▶		8,480,384
						Schedule D (F	Form 9	90) 2008

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII Investments—Program Related. S	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Tabel (Calume (h) should agual Farra 000, Part V, cal (P) line 12.)	h-		
Part IX Other Assets. See Form 990, Part X, col (B) line 13)	-		
(a) Desc			(b) Book value
Home Construction in Progress			1,349,373
Homes Completed-Pending Closing			1,330,983
Land Held for Home Sites			1,638,464
Commercial Property			51,250
· ·			•
Total. (Column (b) should equal Form 990, Part X, col.(B) lir	ne 15.)		4,370,070
Part X Other Liabilities. See Form 990, Par	t X, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Deferred Gift Annuity Liability	268,531		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 268,531		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,759,057
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,812,315
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,053,258
4	Net unrealized gains (losses) on investments	4	-39,867
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-39,867
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,093,125
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	6,302,072
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	385,261
3	Subtract line 2e from line 1	3	5,916,811
4	A mounts 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 . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-157,754
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,759,057
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	12,395,197
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	582,882
3	Subtract line 2e from line 1	3	11,812,315
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
С	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	11,812,315
Pal	rt 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 XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
Part IV , Line 2b		Downpayments on purchase of low-income housing by qualifying homeowners
Part XII, Line 2d - Other Adjustments		Net Unrealized Losses on Investments -39867
Part XII, Line 4b - Other Adjustments		Loss on Sale of Condos reported on Form 990 Part IX - 157754
Part XIII, Line 2d - Other Adjustments		Loss on Sale of Condos reported on Form 990 Part IX 157754

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As Filed Data -

DLN: 93493046018100

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Employer identification number

ıaı	bitat for Humanity for Lee Cot	illy				59-2236174																																			
Pā	art I Fundraising Act	ivities. Complet	e ıf the oı	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.																																		
1	Indicate whether the organ			_		-	•																																		
b	Mail solicitations Email solicitations Phone solicitations I In-person solicitations					non-government grants government grants sıng events																																			
2a b	Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	Form 990, Part VII t paid individuals or) or entity rentities (f	in connec undraisei	ction with professional f rs) pursuant to agreeme	fundraising activities? ents under which the fur																																			
	(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) Did fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No																																					
Γot	tal			•																																					

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

Par	t II	Fundraising Events. Company more than \$15,000 on Form					repor	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) T∢	otal Eve	
			Shaddow Wood	Bonita Bay	10	(Add co	l (a) th ol (c))	irough
			(event type)	(event type)	(total number)		/ (C)/	
至	1	Gross receipts	89,565	37,145	42,783		16	9,493
Revenue	2	Less Charitable contributions	55,281	22,926	26,406		10	4,613
	3	Gross revenue (line 1 minus line 2)	34,284	14,219	16,377		6	4,880
	4	Cash Prizes	1,000					1,000
ses	5	Non-cash Prizes	3,199		2,625			5,824
Direct Expenses	6	Rent/Facility costs	6,558					8,982
ம் ர	7	Other direct expenses	5,458		12,173			7,631
_ ⊡ B	8	Direct expense summary Add line	es 4 through 7 in column	(d)			5	3,437
	9	Net income summary Combine lir	nes 3 and 8 in column (d))			1	1,443
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	irt IV, line 19, or repo	rted mo	re thar	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th	ll gaming nrough co	
	1	Gross revenue			134,615		13	4,615
9	2	Cash prizes						
bens	3	Non-cash prizes			14,000		1	4,000
Direct Expenses	4	Rent/facility costs						
互	5	Other direct expenses			25,000		2	5,000
	6	Volunteer labor	┌ Yes	┌ Yes	Yes 100 000 % No			
	7	Direct expense summary Add lines	; 2 through 5 in column (d)			3	9,000
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌		9	5,615
•							Yes	No
9 a		er the state(s) in which the organiza the organization licensed to operate						l N
b		No," Explain	gamming detrivities in eder	Torthese states.		• 9a	+	No
10a		re any of the organization's gaming li	cansas ravokad suspan	ded or terminated during	the tay year?			N.
b		Yes," Explain	censes revoked, suspen	ded of terminated during	The tax year.	10a	+	No
11	Do	es the organization operate gaming a	ctivities with nonmembe	rs?		11	<u> </u>	No
12	Is t	the organization a grantor, beneficiar	y or trustee of a trust or	a member of a partnersh	ip or other entity			

13	Indicate the percentage of gaming activity operated in		
а	The organization's facility]	
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲	-	
	Address 🟲	_	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the amount of gaming revenue retained by the third party 🏲 \$		
c	If "Yes," enter name and address		
	Name •	_	
	Address 📂		
16	Gaming manager information		
	Name 🟲	<u> </u>	
	Gaming manager compensation ▶ \$		
	Description of services provided 🟲	- -	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493046018100

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Employer identification number Habitat for Humanity for Lee County

59-2236174

		ts and Assistance					
1 Does the organization mai							∀ Yes
the selection criteria used Describe in Part IV the or							i les i i
<u> </u>	<u> </u>				tes. Complete if the o	rganization answere	d "Yes" on
					if no one recipient rec		
Part IV and Sche	dule I-1 if addit	ional space is			•		
needed						. ▶ □	
46.33	(1) 571	() TD 0 .	1484				43.5
1(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal,		(h) Purpose of grant or assistance
or government			3	assistance	other)		
Habitat for Humanity	91-1914868	501(c)(3)	154,479				Funds are used to
International Inc121 Habitat							construct homes in economically-
Americus, GA 31709							depressed areas
,							around the world
			+				
					+		
2 Enter total number of sect	uon 501(c)(3) and	government	1	1	1	1	1
organizations					•		1
3 Enter total number of othe							•
For Danamuark Poduction Act Natio				Cat No E00EE	n		hadula I (Form 000) 2009

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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As Filed Data -

DLN: 93493046018100

OMB No 1545-0047

Open to Public

2008

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection Employer identification number

Habitat for Humanity for Lee County

Name of the organization

59-2236174

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N	•		1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the					
	Compensation committee	고	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	, Section A , line 1a			
а	a Receive a severance payment or change of control payment?					
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		· · · · · · · · · · · · · · · · · · ·	7	Yes	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Vernon Archibald ((1) (11)	147,821	7,670	104	8,467	2,143	166,205	101,477
((ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
((ii)							
((i)							
((ii)							
((i)							
((ii)							
((i)							
((ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 7	Bonuses are issued based on years of service, with a max of 5%
•		
	_	

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DLN: 93493046018100

Employer identification number

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

Transactions with Interested Persons

or Form 990-EZ, Part V lines 38b or 40b. Inspection

nabilat for Humanity for the County							59	- 223	6174						
art I Excess Benefit Transac							4) organız	atıor	s on	y).					
To be completed by organization	ons th	at ans	swered "Yes T	s" on	Form 990, Part IV	, line	25a or 25b	or Fo	orm 9	90-EZ					
1 (a) Name of disqualifie	d pers	son		(b) Description of transaction						<u> </u>	e) Corre	No			
			<u>_</u>												
												-			
2 Enter the amount of tax imposed on	the or	rganız	ation mana	gers	or disqualified pers	ons d	uring the ye	arun	der						
section 4958									F 9	· —					
3 Enter the amount of tax, if any, on li					the organization .	•		•	P 9						
Part II Loans to and/or From To be completed by organize					on Form 990 Part i	TV lu	ne 26 or Fo	rm 90	0-F7	Part	V line	38a			
To be completed by organize		Loan t			511 1 51111 5 5 6 7 1 dre .	, , , , , , , , , ,	10 20, 01 10			(f					
(a) Name of interested person and	1 ' '	om th		(c)	Original principal	(4)B	alance due		In ult?	Appr		(g)Wi			
purpose	orga	anızatı	ion?		amount	(u)b	(d)Balance due		Libarance due			comm			
	То)	From					Yes	No	Yes	No	Yes	No		
uane Swanson Jr			l x		200,000		196,956		No		No	Yes			
			I		,		,								
otal					🕨 \$		196,956								
art IIII Grants or Assistance E						00 5		2.7							
To be completed by orga	nızatı T				<u>"Yes" on Form 9'</u> ween interested per		art IV, line	27.							
(a) Name of interested person		(5)			organization	3011	(c) A mo	unt o	fgran	t or ty	oe of a	ssistar	nce		
							ļ								
							1								
	1														
Part IV Business Transactions To be completed by orga						90 p	art IV line	282	281	n or 2)8c				
To be completed by organ	THE GET		Relationshi		163 011 101111 3	1	ure IV, min	2 200	1, 20	3, 01 2		∍) Shar	ing o		
(a) Name of interested person		betwe	en interest	ed	(c) A mount of		(d) Descri	ption	of tra	nsactio	on o	rganıza revenu			
		•	son and the ganization	3	transaction						<u> </u>	revent res	No		
See Additional Data Table															
	_					\dashv									
						\dashv					-+				

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DLN: 93493046018100

OMB No 1545-0047

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Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

Non-Cash Contributions

Name of the organization Habitat for Humanity for Lee County

Employer identification number

					59-2236174			
Par	t 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 de reven	etermi	nıng	
1 /	Art—Works of art							
2 /	Art—Historical treasures .							
3 /	Art—Fractional interests							
4 E	Books and publications							
5 (Clothing and household							
	goods							
	Cars and other vehicles	X	1	'	Blue Book Value			
	Boats and planes	X	1	2,000	BLUE BOOK VALUE	<u>-</u>		
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
.2 9	Securities—Miscellaneous							
	Qualified conservation contribution (historic structures)							
	Qualified conservation contribution (other)							
. 5 F	Real estate—Residential .	Х	10	229,219	Real estate Tax Rec	ords		
. 6 F	Real estate—Commercial							
. 7 F	Real estate—O ther							
.8	Collectibles							
. 9 F	Food inventory							
: 0 [Orugs and medical supplies .							
1 7	Гахıdermy							
2 +	Historical artifacts							
3 9	Scientific specimens							
4 /	Archeological artifacts							
5 (Construction Other (describe Materials)	×	110	79.423	Retail value			
	Other (describe)			,				
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
							Yes	No
	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date of	f the initial	contribution, and which is	not required to be used for	exempt purposes			
	for the entire holding period? $oldsymbol{\cdot}$					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
ь	If "Yes", describe in Part II							
	If the organization did not report	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation							
24011111101	Notal III Colorelle	Explanation							
		I							

OMB No 1545-0047

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2008

Open to Public Inspection

SCHEDULE 0

(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.

Name of the organization Habitat for Humanity for Lee County Employer identification number 59-2236174

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	Created a Maintenance Department for Homeow ners

ldentifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	Terminated the Maintenance Department for Homeow ners

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 will be reviewed by the Finance and/or the Executive Committee with recommendation to be approved by the full board

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board Members Anytime a vote comes before the board, they will abstain from the vote, (with the Secretary stating such in the minutes) Officers (President/CEO, EVP/CFO, and EVP/COO) will bring anything that is tied to them directly to the attention of the board before a vote is approved. Key Employees. Vice Presidents and above will bring this to the attention of the CEO so he can inform the board of any issues.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Executive Director reports directly to the Executive Committee who determine and approve compensation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Documentation is provided to the State for publication on a public site

ldentifier	Return Reference	Explanation
Form 990 Page 10 Line 2c		We sent out a RFP(Request for Proposal) to six auditing firms. Four Firms from within Lee County requested the RFP and two from outside the area. The CEO and CFO reviewed the proposals with individual rankings. The next step was to go to the Finance Committee to review the proposals. The Finance Committee brought the top three proposals to the Executive Committee to discuss and make a motion for approval

ldentifier	Return Reference	Explanation
Schedule A, Part IV	Supplemental Information	2008 Sale of Capital Assets Gross Proceeds 32,952

Identification of Disregarded Entities

DLN: 93493046018100

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization Habitat for Humanity for Lee County **Employer identification number**

59-2236174

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity					
Habitat Senior Housing LLC 1288 North Tamiami Trail North Fort Myers, FL 33903 56-2592682	Affordable Senior Housing, operating 60 senior units	FL	178,539	5,061,162						
Part II Identification of Related Tax-Exempt Organizations										
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u> </u>	Cat No 50135	5Y	<u> </u>	Schedule R (Form 990) 2008					

(A) Name, address, and EIN of related organization	Prin	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	income(rei	(E) redominant ome(related, nvestment, unrelated)		(F) of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	Box 20 of K-1		iral o aging ner?
										Yes	No		Yes	No
art IV Identification of	Related	l Organizations	s Taxable as	s a Corporation	or Trust		<u>'</u>			•	•			
(A) Name, address, and EIN of related org		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) ect contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-year assets	(H) Percentage ownership		

Part V Transactions with Related Organi	zations
---	---------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II	-IV3			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		
b	Gift, grant, or capital contribution to other organization(s)			1b		
c	Gıft, grant, or capıtal contribution from other organization(s)			1c		
d	Loans or loan guarantees to or for other organization(s)			1d		
e	Loans or loan guarantees by other organization(s)			1e		
f	Sale of assets to other organization(s)			1f		
g	Purchase of assets from other organization(s)			1g		
h	Exchange of assets			1h		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k		
I	Performance of services or membership or fundraising solicitations by other organizations	anızatıon(s)		11		
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		
n	Sharing of paid employees			1n		
0	Reimbursement paid to other organization for expenses			10		
р	Reimbursement paid by other organization for expenses			1р		
q	O ther transfer of cash or property to other organization(s)			1q		
r	O ther transfer of cash or property from other organization(s)			1r		
2	If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relations	hips and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
(2)						
(3)						
(4)						
(5)						
/e\						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Prımary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	₅ 7	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		or Đ
			Yes	No		Yes	No		Yes	No
			•	•	•	•	•	Cabadul	P (Form	200) 2000

Software ID: Software Version:

EIN: 59-2236174

Name: Habitat for Humanity for Lee County

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Charles Idelson , Chairman	2 00	Х		Х				0	0	0	
Katherine Green , Vice Chairman	2 00	Х		Х				0	0	0	
Denis Noah , Secretary	2 00	Х		Х				0	0	0	
Sharon Thompson , Treasurer	2 00	Х		Х				0	0	0	
Judge James Adams , Board of Directors	1 00	Х						0	0	0	
Donny Andrews , Board of Directors	2 00	Х						0	0	0	
Glenn Bailey , Board of Directors	1 00	Х						0	0	0	
Roger Brownell , Board of Directors	2 00	Х						0	0	0	
Brian Crowley , Board of Directors	1 00	Х						0	0	0	
Dave Dale , Board of Directors	1 00	Х						0	0	0	
Willie Green , Board of Directors	1 00	Х						0	0	0	
Brian Lucas , Board of Directors	1 00	Х						0	0	0	
Deborah Prather , Board of Directors	1 00	Х						0	0	0	
George Reider , Board of Directors	1 00	Х						0	0	0	
Scott Robertson , Board of Directors	1 00	Х						0	0	0	
Sandy Robinson , Board of Directors	1 00	Х						0	0	0	
Duane Swanson Jr , Board of Directors	1 00	Х						0	0	0	
Bill Valenti , Board of Directors	2 00	Х						0	0	0	
Vernon Archibald , President & CEO	40 00			Х				155,595	0	10,610	
Richard H Shera Jr , Executive VP & CFO	40 00			х				114,022	0	13,841	
Tanya S Soholt , Executive VP & COO	40 00			Х				98,110	0	12,869	

Additional Data

Software ID: Software Version:

EIN: 59-2236174

Name: Habitat for Humanity for Lee County

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Sandy Robinson	Board Director for Habitat, Branch President for Northern Trust Bank	529,911	Habitat for Humanity for Lee County, Inc sold first mortgages to Northern Trust Bank		No
Bill Valenti	Board Director for Habitat, President/CEO Florida Gulf Bank	203,975	Paid Line of Credit with interest		No
Bill Valenti	Board Director for Habitat, President/CEO Florida Gulf Bank	299,051	Florida Gulf Bank purchased first mortgages from Habitat		No
Duane Swanson	Board Director for Habitat, President/CFO Raymond Building Supplies	335,988	Habitat purchased building materials from Raymond Building Supplies		No
Denis Noah	Board Secretary, Managing Attorney, Stockholder Henderson Franklin Law Firm	123,449	Henderson Franklin Law Firm provided legal services for Habitat Denis Noah did not personally perform any of these legal services for Habitat		No
Bill Valenti	Board Director for Habitat, President/CEO Florida Gulf Bank	300,000	New Line of Credit		No
Bill Valenti	Board Director for Habitat, President/CEO Florida Gulf Bank		Payment on Line of Credit Current balance is 197,007		No