

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 ☐ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2008**  
**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

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

**C** Name of organization: **East Pasco Habitat for Humanity Inc**  
 Doing Business As:  
 Number and street (or P O box if mail is not delivered to street address) Room/suite:  
**P.O. Box 1931**  
 City or town, state or country, and ZIP + 4:  
**Dade City FL 33526-1931**

**D** Employer identification number: **59-3252298**

**E** Telephone number: **352-567-1444**

**G** Gross receipts: **2,310,736**

**F** Name and address of principal officer:

**I** Tax-exempt status:  501(c) ( 3 ) (insert no) 4947(a)(1) or 527

**J** Website: ephabitat.org

**K** Type of organization:  Corporation  Trust  Association  Other ☐

**L** Year of formation: **1994** **M** State of legal domicile: **FL**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ☐ **8545**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <b>East Pasco Habitat for Humanity works in partnership with God and people from all walks of life to develop a community with God's people in need by building and renovating houses so that there are decent affordable houses</b>	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 19
	5	Total number of employees (Part V, line 2a)	5 16
	6	Total number of volunteers (estimate if necessary)	6 614
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,209,798 Current Year: 1,196,259
	9	Program service revenue (Part VIII, line 2g)	488,195 717,879
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,953 70
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	318,158 318,269
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,024,104 2,232,477
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,000 70,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	303,312 360,346
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 253,252	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,713,991 1,609,113
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,052,303 2,039,459
	19	Revenue less expenses Subtract line 18 from line 12	-28,199 193,018
	20	Total assets (Part X, line 16)	Beginning of Year: 1,864,033 End of Year: 1,941,247
21	Total liabilities (Part X, line 26)	343,981 228,177	
22	Net assets or fund balances Subtract line 21 from line 20	1,520,052 1,713,070	

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *[Signature]* Date: **10-24-09**  
 Signature of preparer: *[Signature]*

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: **10/21/09** Check if self-employed ☐  
 Firm's name (or yours if self-employed): **JOHN E. HENSON, CPA, PA** Preparer's identifying number (see instructions): **P00022338**  
 address, and ZIP + 4: **5315 Eighth Street Zephyrhills, FL 33542-4312** EIN ☐ **65-0378670**  
 Phone no ☐ **813-782-0580**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No  
 DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

**East Pasco Habitat for Humanity works in partnership with God and people from all walks of life to develop a community with God's people in need by building and renovating houses so that there are decent affordable houses**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

 Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

 Yes  No

If "Yes," describe these changes on Schedule O.

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

4a (Code ) (Expenses \$ **1,751,587** including grants of \$ **70,000** ) (Revenue \$ )

**During the year, Habitat was able to complete construction and relocate 11 very needy families from substandard housing to a new home the families now own. Additional homes are under construction as well as development of additional building lots for future homes for ownership of the very low income families.**

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses <sup>⊖</sup> \$ **1,751,587** (Must equal Part IX, Line 25, column (B))