

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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 and ending 06/30/10

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Habitat for Humanity of East & Central Pasco, 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 \$ 1,253,731
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number 8545
J Website: <u>ephahabitat.org</u>		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1994	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net 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	24
	6 Total number of volunteers (estimate if necessary)	6	1635
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,196,259	718,436
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	717,879	185,134
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70	86
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	318,269	276,286
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,232,477	1,179,942
	14 Benefits paid to or for members (Part IX, column (A), line 4)	70,000	27,468
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	360,346	359,231
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) 244,025		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,609,113	689,093
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,039,459	1,075,792
19 Revenue less expenses. Subtract line 18 from line 12	193,018	104,150	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,941,247	2,261,634
	22 Net assets or fund balances. Subtract line 21 from line 20	228,177	156,659
		1,713,070	2,104,975

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: 13/15/2011
 Type or print name and title: JOHN J FINNERTY III PRESIDENT/CEO

Paid Preparer's Use Only	Preparer's signature: <u>[Signature]</u>	Date: <u>03/15/11</u>	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): <u>P01208984</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>JOHN E. HENSON, CPA, PA 5315 Eighth Street Zephyrhills, FL 33542-4312</u>	EIN: <u>65-0378670</u>	Phone no.: <u>813-782-0580</u>	

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