

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 7/1/2018, and ending 6/30/2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization HABITAT FOR HUMANITY OF
 Doing business as FULTON COUNTY OHIO
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P O BOX 333
 City or town State ZIP code
DELTA OH 43515
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 20-5807293

E Telephone number (419) 335-7000

F Name and address of principal officer:
ROBERT NAFZIGER 13419 COUNTY ROAD H, WAUSEON, OH 43567

G Gross receipts \$ 69,849

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

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2007 **M** State of legal domicile: OH

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>CHRISTIAN-BASED HOUSING PROGRAM</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	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,523	67,107
	9	Program service revenue (Part VIII, line 2g)	0	2,430
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,124	312
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,647	69,849
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,011	41,983
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	23,983	24,712
Net Assets or Fund Balances	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	64,994	66,695
	19	Revenue less expenses. Subtract line 18 from line 12	-41,347	3,154
	20	Total assets (Part X, line 16)	707,185	695,594
	21	Total liabilities (Part X, line 26)	17,716	3,297
	22	Net assets or fund balances. Subtract line 21 from line 20	689,469	692,297

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: Douglas J Holthues Preparer's signature: Douglas J Holthues Date: 10/9/2019 Check if self-employed PTIN: P01223815

Firm's name ▶ Holthues and Associates Firm's EIN ▶ 34-1880426

Firm's address ▶ 1205 N Ottokee St, Wauseon, OH 43567 Phone no. (419) 337-4015

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CHRISTIAN-BASED HOUSING PROGRAM

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 66,695 including grants of \$ 9,000) (Revenue \$ 60,849)
BUILT A HOUSE FOR ECONOMICALLY DISADVANTAGED FAMILY WITH THE COOPERATION OF LOCAL CHURCHES,
PROVIDED CHRISTIAN-BASED GUIDANCE AND VIEWS TO COMMUNITY SERVICE INDIVIDUALS ASSIGNED TO THE
BUILD.

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

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

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 66,695