Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Information about Form 990 and its instructions is at www.irs.gov/form990

Part I Summary

B Briefly describe the organization's mission or most significant activities: THE ORGANIZATION BUILDS SAFE, DECENT AND AFFORDABLE OWNER OCCUPIED HOMES IN "CONT. ON SCH O"

C Employer identification number

D Number and street (or P.O. box if mail is not delivered to street address)

E City or town, state or province, country, and ZIP or foreign postal code

F Name and address of principal officer: BLAIR SCHLEICHER-BRAVO

G Date of organization formation: 1985

H Group exemption number:

J Website: WWW.MORRISHABITAT.ORG

K Form of organization: Corporation

L State of legal domicile: NJ

Part II Signature Block

Signature of officer

BLAIR SCHLEICHER-BRAVO, EXECUTIVE DIRECTOR

Type or print name and title

Preparer

THOMAS R. DARTNELL CPA

Preparer's signature

THOMAS R. DARTNELL 07/14/14

PTIN

200 VALLEY RD. SUITE 300

MT. ARLINGTON, NJ 07856

Phone no. (973) 328-1825

May the IRS discuss this return with the preparer shown above? (see instructions)

332201 10-26-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
Form 990 (2013)  MORRIS HABITAT FOR HUMANITY, INC.  22-2675802  Page 2

<table>
<thead>
<tr>
<th>Part III</th>
<th>Statement of Program Service Accomplishments</th>
</tr>
</thead>
</table>

1. Briefly describe the organization's mission:

THE ORGANIZATION BUILDS SAFE, DECENT AND AFFORDABLE OWNER OCCUPIED
HOMES IN PARTNERSHIP WITH LOW-INCOME AND MODERATE-INCOME FAMILIES IN
NEED AND WITH THE COMMUNITY.

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 [X] 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 [X] 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>$1,384,813. (including grants of $)</td>
<td>$236,583.</td>
</tr>
<tr>
<td>HOME BUILDING PROGRAM: MORRIS HABITAT BUILDS AFFORDABLE HOMES IN NORTHERN NEW JERSEY USING VOLUNTEER LABOR. WE ARE BOTH THE BUILDER AND THE BANKER FOR THESE HOMES AND ARE COMMITTED TO SELECTING AND TRAINING THE PARTNER FAMILIES TO BECOME SUCCESSFUL HOMEOWNERS AND NEIGHBORS. THE EFFORT TO BUILD A NEW HOME (OR AN EXTENSIVE REMODEL) IS CONSIDERABLE AND IT TAKES TIME, BUT THE REWARDS OF SEEING A WELL-MADE HOME ARE INSPIRING. ALL OF OUR LOCATIONS PUT FAMILIES IN HOMEOWNERSHIP AND ARE KEY TO FULFILLING OUR MISSION. VOLUNTEERS BUILD A HABITAT HOME AND CREATE AN AFFORDABLE HOME WHERE NONE EXISTED AND WORK WITH HOMEOWNERS TO HELP CHANGE THEIR LIVES. CONSTRUCTION EXPENSES ARE RECOGNIZED IN THE YEAR A HOME IS COMPLETED AND SOLD. THUS EXPENSES INCLUDE EXPENDITURES MADE IN PRIOR YEARS. REVENUE IS NET OF UNAMORTIZED &quot;CONT. ON SCH O&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>$847,487. (including grants of $)</td>
<td>$1,353,130.</td>
</tr>
<tr>
<td>RESTORE PROGRAM: THE MORRIS HABITAT RESTORE, A RETAIL OUTLET SELLING DONATED NEW AND GENTLY-USED FURNITURE, APPLIANCES AND BUILDING SUPPLIES, BENEFITS THE COMMUNITY BY PROVIDING LOWER-COST ITEMS FOR SALE, AND THE ENVIRONMENT BY KEEPING ITEMS OUT OF THE LANDFILLS. WE ALSO COLLABORATE WITH SOCIAL SERVICE AGENCIES, DONATING A PORTION OF OUR GOODS TO THEIR CLIENTS. THE RESTORE HAS A POSITIVE ENVIRONMENTAL IMPACT BY ENCOURAGING &quot;REDUCE, REUSE, AND RECYCLING&quot;. DONATIONS TO THE RESTORE HAVE KEPT OVER 3,700 TONS OF USABLE BUILDING MATERIALS, FURNITURE AND APPLIANCES OUT OF LANDFILLS AND HAVE BUILT 9 HOMES THRU NET PROCEEDS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>$51,852. (including grants of $)</td>
<td>$58,717.</td>
</tr>
<tr>
<td>NEIGHBORHOOD REVITALIZATION PROGRAM: IN ADDITION TO BUILDING HOMES, OUR PROGRAM INCLUDES GENERAL REPAIRS TO HELP LOW-INCOME HOMEOWNERS CONTINUE TO LIVE IN A DECENT AFFORDABLE HOME. MORRIS HABITAT FOR HUMANITY SUPPORTS COMPREHENSIVE AND SUSTAINABLE NEIGHBORHOOD-GENERATED STRATEGIES FOR IMPROVING CONDITIONS FOR THOSE LIVING AND WORKING IN LOWER INCOME COMMUNITIES. THESE ACTIVITIES INCLUDE EXTERIOR MAINTENANCE PROJECTS, FIXING OR WINTERIZING HOUSES, PAINTING HOME EXTERIORS, FIXING BROKEN STEPS, AND DOING LANDSCAPING. ACTIVITIES INCLUDE A CRITICAL HOME REPAIR PROGRAM, A BRUSH WITH KINDNESS PROGRAM, AND A HOME RENOVATION PROGRAM THAT HELPS KEEP FAMILIES IN HOMES WHEN THEY ARE HAVING A DIFFICULT TIME KEEPING UP WITH REQUIRED MAINTENANCE. HOMEOWNERS SERVED BY A BRUSH WITH KINDNESS ARE OFTEN ELDERLY OR &quot;CONT. ON SCH O&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>(including grants of $)</td>
<td>(including grants of $)</td>
</tr>
</tbody>
</table>

4e Total program service expenses

2,284,152.
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A
   1 X

2 Is the organization required to complete Schedule B, Schedule of Contributors?
   2 X

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
   3 X

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II
   4 X

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
   5 X

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
   6 X

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
   7 X

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
   8 X

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
   9 X

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
    10 X

11 If the organization’s answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

   a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
      11a X

   b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
      11b X

   c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
      11c X

   d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
      11d X

   e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
      11e X

   f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
      11f X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
    12a X

   b Was the organization included in consolidated, independent audited financial statements for the tax year?
    If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
    12b X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
    13 X

14a Did the organization maintain an office, employees, or agents outside of the United States?
    14a X

   b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV
    14b X

15 Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
    15 X

16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
    16 X

17 Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
    17 X

18 Did the organization report more than $15,000 of expenses for professional fundraising services on Part IX, lines 1c and 8a? If "Yes," complete Schedule G, Part II
    18 X

19 Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
    19 X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
    20a X

   b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
    20b X
21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ................................................................. 21 X

22. Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ................................................................. 22 X

23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J ................................................................. 23 X

24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a ................................................................. 24a X

b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ................................................................. 24b

c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ................................................................. 24c

d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ................................................................. 24d

25a. Section 501(c)(3) and 501(c)(4) Organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ................................................................. 25a X

b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ................................................................. 25b X

26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II ................................................................. 26 X

27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ................................................................. 27 X

28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ................................................................. 28a X

b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ................................................................. 28b X

c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ................................................................. 28c X

29. Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M ................................................................. 29 X

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ................................................................. 30 X

31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ................................................................. 31 X

32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ................................................................. 32 X

33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ................................................................. 33 X

34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 ................................................................. 34 X

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)? ................................................................. 35a X

b. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ................................................................. 35b

36. Section 501(c)(3) Organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ................................................................. 36 X

37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ................................................................. 37 X

38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O ................................................................. 38 X

Form 990 (2013)
Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

3a Did the organization have unrelated business gross income of $1,000 or more during the year?
3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O

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)?
4b If "Yes," enter the name of the foreign country.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in exchange for $75 made partly as a contribution and partly for goods and services provided to the payor?
7b Did the organization notify the donor of the value of the goods or services provided?
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
7d If "Yes," indicate the number of Forms 8282 filed during the year

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the sponsoring organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state?
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
13c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>13</td>
</tr>
</tbody>
</table>

1b. Enter the number of voting members included in line 1a, above, who are independent.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>13</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>X</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
</tr>
</tbody>
</table>

5. Did the organization become aware during the year of a significant diversion of the organization’s assets?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

6. Did the organization have members or stockholders?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>X</td>
</tr>
</tbody>
</table>

7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>X</td>
</tr>
</tbody>
</table>

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>X</td>
</tr>
</tbody>
</table>

a. The governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td>X</td>
</tr>
</tbody>
</table>

b. Each committee with authority to act on behalf of the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8b</td>
<td>X</td>
</tr>
</tbody>
</table>

9. Is there any officer, director, 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>X</td>
</tr>
</tbody>
</table>

### Section B. Policies

10a. Did the organization have local chapters, branches, or affiliates?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>X</td>
</tr>
</tbody>
</table>

b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10b</td>
<td></td>
</tr>
</tbody>
</table>

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>X</td>
</tr>
</tbody>
</table>

b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11b</td>
<td></td>
</tr>
</tbody>
</table>

12a. Did the organization have a written conflict of interest policy? If "No," go to line 13.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td>X</td>
</tr>
</tbody>
</table>

b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b</td>
<td>X</td>
</tr>
</tbody>
</table>

c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12c</td>
<td>X</td>
</tr>
</tbody>
</table>

13. Did the organization have a written whistleblower policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>X</td>
</tr>
</tbody>
</table>

14. Did the organization have a written document retention and destruction policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>X</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a</td>
<td>X</td>
</tr>
</tbody>
</table>

a. The organization’s CEO, Executive Director, or top management official

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15b</td>
<td></td>
</tr>
</tbody>
</table>

b. Other officers or key employees of the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15b</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a</td>
<td>X</td>
</tr>
</tbody>
</table>

16b. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16b</td>
<td>X</td>
</tr>
</tbody>
</table>

b. If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16b</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

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

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

- [ ] Own website
- [ ] Another’s website
- [X] Upon request
- [ ] Other (explain in Schedule C)

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

20. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶MORRIS HABITAT FOR HUMANITY - 973-891-1934

274 SOUTH SALEM STREET, SUITE 100, RANDOLPH, NJ 07869

Form 990 (2013)
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check if Schedule C contains a response or note to any line in this Part VII

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter $0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five (5) 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. Enter $0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $150,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

![Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.](#)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) PETER ZARRAS</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) ALAN ALSIN</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER (NON VOTING)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) GARY MCDOWELL</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) CHRIS KELLOGG</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) JOHN LESTER</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) SEAN HUNAGHAN, ESQ.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) LOUIS RICCIO</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) JEANIE TSUKAMOTO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) JAMES HIGRO</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) PENNY NELSON</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) DENISON HARRIBLD JR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) RICHARD SLEECE</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) PETER WENTWORTH</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) PHILIP VAN KIRK</td>
<td></td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) BLAIR SCHLEICHER-BRAVO</td>
<td></td>
<td>X</td>
<td>99,462.</td>
<td>0.</td>
<td>5,208.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) DAVID L. VOLLMAYER</td>
<td></td>
<td>X</td>
<td>22,000.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual officer</td>
<td>Individual trustee</td>
<td>Other</td>
<td>Key employee</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Sub-total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Total (add lines 1b and 1c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

#### 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

#### 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
</tr>
</tbody>
</table>

#### 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization

| 0 |

---

Form 990 (2013)
14560714 784010 05823R001 2013.04000 MORRIS HABITAT FOR HUMANITY 05823R01
## Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants, and Other Similar Amounts</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>(A) Total revenue</td>
<td>(B) Related or exempt function revenue</td>
<td>(C) Unrelated business revenue</td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c 155,024.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e 117,448.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 764,418.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f $10,264.</td>
<td>10,264.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td>1,036,890.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a RESTORE SALES</td>
<td>236000</td>
</tr>
<tr>
<td>b SALES OF HOMES</td>
<td>423000</td>
</tr>
<tr>
<td>c MORTGAGE INTEREST INCOME</td>
<td>236000</td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td>1,648,430.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>1,608.</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>1,608.</td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td>(i) Real</td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>(i) Securities</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>464,972</td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td>304,730</td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>295,507.</td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $155,024 of contributions reported on line 1c). See Part IV, line 18</td>
<td>61,148.</td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>50,555.</td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>493.</td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>11 a MISCELLANEOUS INCOME</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>900099</td>
<td>2,204.</td>
<td>2,204.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td>2,985,132.1,648,430.</td>
<td>0.</td>
<td>299,812.</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2013)
<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>126,670.</td>
<td>90,231.</td>
<td>18,219.</td>
<td>18,220.</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>786,469.</td>
<td>634,644.</td>
<td>25,579.</td>
<td>126,246.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>37,423.</td>
<td>31,991.</td>
<td>2,963.</td>
<td>2,469.</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>93,385.</td>
<td>78,977.</td>
<td>7,859.</td>
<td>6,549.</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>1,260.</td>
<td>1,058.</td>
<td></td>
<td>114.</td>
</tr>
<tr>
<td>c Accounting</td>
<td>54,790.</td>
<td>46,024.</td>
<td>3,835.</td>
<td>4,931.</td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>18,457.</td>
<td>15,333.</td>
<td>1,274.</td>
<td>1,850.</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>40,432.</td>
<td>38,289.</td>
<td>1,169.</td>
<td>974.</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>141,025.</td>
<td>121,195.</td>
<td>8,881.</td>
<td>10,949.</td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>427,460.</td>
<td>406,614.</td>
<td>11,370.</td>
<td>9,476.</td>
</tr>
<tr>
<td>17 Travel</td>
<td>11,930.</td>
<td>9,807.</td>
<td>1,158.</td>
<td>965.</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td>85,484.</td>
<td>85,484.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>41,509.</td>
<td>32,943.</td>
<td>4,283.</td>
<td>4,283.</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>79,291.</td>
<td>67,507.</td>
<td>6,428.</td>
<td>5,356.</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a COST OF HOMES SOLD</td>
<td>495,978.</td>
<td>495,978.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b HOME REPAIR MINISTRY</td>
<td>55,197.</td>
<td>55,197.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c VEHICLE EXPENSE</td>
<td>42,657.</td>
<td>42,657.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d ABSORBED CONSTRUCTION C</td>
<td>20,384.</td>
<td>20,384.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>25,114.</td>
<td>9,839.</td>
<td>538.</td>
<td>14,737.</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>2,584,915.</td>
<td>2,284,152.</td>
<td>93,644.</td>
<td>207,119.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Balance Sheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td>Beginning of year</td>
<td>(B)</td>
<td>End of year</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>46,901</td>
<td>131,081</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>565,055</td>
<td>1,019,603</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>366,874</td>
<td>169,976</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>766,142</td>
<td>618,097</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>1,282,235</td>
<td>1,426,805</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>21,754</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>318,414</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>190,375</td>
<td>202,933</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>30,902</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>3,621,151</td>
<td>3,621,151</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>127,368</td>
<td>171,455</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>78,763</td>
<td>22,605</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>219,354</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>65,654</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>479,068</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.</td>
<td>2,577,885</td>
<td>2,840,254</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>2,840,254</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>301,829</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Total net assets or fund balances</td>
<td>2,670,866</td>
<td>3,142,083</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Total liabilities and net assets/fund balances</td>
<td>3,272,929</td>
<td>3,621,151</td>
<td></td>
</tr>
</tbody>
</table>
### Part XI: Reconciliation of Net Assets

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2.</td>
<td>2,584,915.</td>
<td></td>
</tr>
<tr>
<td>3. Revenue less expenses. Subtract line 2 from line 1</td>
<td>3.</td>
<td>400,217.</td>
<td></td>
</tr>
<tr>
<td>4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4.</td>
<td>2,870,866.</td>
<td></td>
</tr>
<tr>
<td>5. Net unrealized gains (losses) on investments</td>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>10. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10.</td>
<td>3,142,083.</td>
<td></td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>Accrual</td>
<td>Other</td>
</tr>
<tr>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td>2a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a. Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>2a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>Consolidated basis</td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>b. Were the organization's financial statements audited by an independent accountant?</td>
<td>2b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>Consolidated basis</td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>c. If &quot;Yes&quot; to line 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?</td>
<td>2c</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>3a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td>3b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

**Name of the organization**
MORRIS HABITAT FOR HUMANITY, INC.

**Employer identification number**
22-2675802

---

<table>
<thead>
<tr>
<th>Part</th>
<th>Reason for Public Charity Status</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>22-2675802</td>
</tr>
</tbody>
</table>

---

The organization is not a private foundation because it is:

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state:

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

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

7. 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)(v).

8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)

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

11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

   a. Type I
   b. Type II
   c. Type III - Functionally integrated
   d. Type III - Non-functionally integrated

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

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

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

   i. A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

   Yes  No

   ii. A family member of a person described in (i) above?

   Yes  No

   iii. A 35% controlled entity of a person described in (i) or (ii) above?

   Yes  No

h. Provide the following information about the supported organization(s).

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

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**Total**

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LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(vi) and 170(b)(1)(A)(vii)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot; ..........</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's benefit and either paid</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>to or expended on its behalf ...........</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>3 The value of services or facilities</td>
<td></td>
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</tr>
<tr>
<td>furnished by a governmental unit to</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>the organization without charge .......</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3 ...........</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The portion of total contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4 .....................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rents, royalties and income from similar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sources ................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities, whether or not the business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is regularly carried on ...............</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part IV) ..................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc. (see instructions) ................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the organization's first, second,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>third, fourth, or fifth tax year as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 501(c)(3) organization, check</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>this box and stop here ................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14% |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15% |

| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |
| 16b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |

| 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |  |
| 17b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |  |

| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |  |
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')</td>
<td>670,137</td>
<td>1,822,053</td>
<td>1,507,257</td>
<td>1,546,873</td>
<td>1,036,890</td>
<td>6,583,210</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td>685,673</td>
<td>838,385</td>
<td>1,196,622</td>
<td>1,445,368</td>
<td>1,648,430</td>
<td>5,815,478</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total, Add lines 1 through 5</td>
<td>1,355,810</td>
<td>2,660,438</td>
<td>2,703,879</td>
<td>2,983,241</td>
<td>2,685,320</td>
<td>12,398,688</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included from disqualified persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (equal to line 7c times tax rate)</td>
<td>12,398,688</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>1,355,810</td>
<td>2,660,438</td>
<td>2,703,879</td>
<td>2,983,241</td>
<td>2,685,320</td>
<td>12,398,688</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>50,247</td>
<td>52,309</td>
<td>43,891</td>
<td>1,741</td>
<td>1,608</td>
<td>149,796</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>50,247</td>
<td>52,309</td>
<td>43,891</td>
<td>1,741</td>
<td>1,608</td>
<td>149,796</td>
</tr>
<tr>
<td>11e Add lines 10a and 10b</td>
<td>100,494</td>
<td>104,618</td>
<td>87,782</td>
<td>2,482</td>
<td>3,216</td>
<td>399,592</td>
</tr>
<tr>
<td>12 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support, Add lines 9, 10, 11, and 12</td>
<td>1,407,091</td>
<td>2,745,650</td>
<td>2,751,332</td>
<td>3,000,687</td>
<td>2,689,132</td>
<td>12,593,892</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.45 % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 97.93 % |

### Section D. Computation of Investment Income Percentage

| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.19 % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 1.68 % |

#### 19a 33 1/3% support tests - 2013
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.

#### 20 Private foundation, If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions.)
**Part I**  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>Donor advised funds</th>
<th>Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   - [ ] Preservation of land for public use (e.g., recreation or education)
   - [ ] Preservation of an historically important land area
   - [ ] Preservation of natural habitat
   - [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Total number of conservation easements</td>
</tr>
<tr>
<td>2b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year [ ]

4 Number of states where property subject to conservation easement is located [ ]

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year [ ]

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

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

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

**Part III**  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   (i) Revenues included in Form 990, Part VIII, line 1 $  
   (ii) Assets included in Form 990, Part X $ 

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   a Revenues included in Form 990, Part VIII, line 1 $  
   b Assets included in Form 990, Part X $  

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a. Public exhibition
   b. Scholarly research
   c. Preservation for future generations
   d. Loan or exchange programs
   e. Other

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

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

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

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

1b. If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>c. Beginning balance</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Additions during the year</td>
<td>1c</td>
</tr>
<tr>
<td>e. Distributions during the year</td>
<td>1d</td>
</tr>
<tr>
<td>f. Ending balance</td>
<td>1e</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21?

2b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

1a. Beginning of year balance

1b. Contributions

1c. Net investment earnings, gains, and losses

1d. Grants or scholarships

1e. Other expenditures for facilities and programs

1f. Administrative expenses

1g. End of year balance

2. Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as:

   a. Board designated or quasi-endowment %

   b. Permanent endowment %

   c. Temporarily restricted endowment %

   The percentages in lines 2a, 2b, and 2c should equal 100%.

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

   i. Unrelated organizations

   ii. Related organizations

   Yes No

3a(i) Yes No

3a(ii) Yes No

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

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

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c. Leasehold improvements</td>
<td>133,934.</td>
<td>20,870.</td>
<td>113,064.</td>
<td></td>
</tr>
<tr>
<td>1d. Equipment</td>
<td>184,480.</td>
<td>94,611.</td>
<td>89,869.</td>
<td></td>
</tr>
<tr>
<td>1e. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 202,933.
**Part VII** Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
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<tr>
<td>(D)</td>
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<tr>
<td>(E)</td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
<td></td>
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<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part VIII** Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
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<tr>
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<tr>
<td>(6)</td>
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<td>(7)</td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IX** Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
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<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Part X** Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. |

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) DEFERRED RENT</td>
<td><strong>65,654</strong></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
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<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. [X]

---

Schedule D (Form 990) 2013

MORRIS HABITAT FOR HUMANITY, INC. 22-2675802 Page3

14560714 784010 05823R001 2013.04000 MORRIS HABITAT FOR HUMANITY 05823R01
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>1</th>
<th>Total revenue, gains, and other support per audited financial statements</th>
<th>1</th>
<th>3,293,063.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td>2a</td>
<td>214,183.</td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td>2b</td>
<td>214,183.</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2c</td>
<td>60,655.</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2d</td>
<td>60,655.</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2e</td>
<td>274,838.</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>3</td>
<td>3,018,225.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>4</td>
<td>-33,093.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td>4a</td>
<td>-33,093.</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4b</td>
<td>-33,093.</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4c</td>
<td>-33,093.</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>5</td>
<td>2,985,132.</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>1</th>
<th>Total expenses and losses per audited financial statements</th>
<th>1</th>
<th>2,892,846.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td>2a</td>
<td>214,183.</td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td>33,093.</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2c</td>
<td>60,655.</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2d</td>
<td>60,655.</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2e</td>
<td>307,931.</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>3</td>
<td>2,584,915.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>4</td>
<td>0.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td>4a</td>
<td>0.</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4b</td>
<td>0.</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4c</td>
<td>0.</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>5</td>
<td>2,584,915.</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

---

**PART X, LINE 2:**

**EXPLANATION:** THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE OF NEW JERSEY, CORPORATIONS AND ASSOCIATIONS NOT-FOR-PROFIT ACT. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

---

**THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR**

---

**Schedule D (Form 990) 2013**

22-2675802  Page 4

29

14560714 784010 05823R001  2013.04000  MORRIS HABITAT FOR HUMANITY 05823R001
EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING
RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR
DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN
INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE TAX
POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE
TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED DECEMBER
31, 2013. HOWEVER, THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX
AUTHORITIES, INCLUDING A REVIEW OF ITS NONPROFIT STATUS WHICH MANAGEMENT
BELIEVES WOULD BE Upheld UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT
IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS.
Nonetheless, the amounts ultimately paid, if any, upon resolution of the
issues raised by the taxing authorities may differ materially from the
amounts accrued for each year.

AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH
THE FEDERAL AND NEW JERSEY STATE GOVERNMENTS ON AN ANNUAL BASIS - FORM 990
WITH THE INTERNAL REVENUE SERVICE, AND FORM CRI-300R WITH THE STATE. THESE
RETURNS ARE SUBJECT TO EXAMINATION BY THESE AUTHORITIES WITHIN THREE YEARS
FROM THE LATEST FILING DATE FOR FEDERAL AND FOUR YEARS FROM THE LATEST
FILING DATE FOR NEW JERSEY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS DIRECT EXPENSES 60,655.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
LOSS ON MORTGAGE REPURCHASE -23,870.
LOSS ON ASSET DISPOSAL

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT EXPENSES

-9,223.

-33,093.

60,655.
Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 16, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization: MORRIS HABITAT FOR HUMANITY, INC.

Employer identification number: 22-2675802

Part I  Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ fillers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   a) Mall solicitations
   b) Internet and email solicitations
   c) Phone solicitations
   d) In-person solicitations
   e) Solicitation of non-government grants
   f) Solicitation of government grants
   g) Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   a) Yes
   b) No

   If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

   (i) Name and address of individual or entity (fundraiser)
   (ii) Activity
   (iii) Did fundraiser have custody or control of contributions?
   (iv) Gross receipts from activity
   (v) Amount paid to (or retained by) fundraiser listed in col. (i)
   (vi) Amount paid to (or retained by) organization

   Yes  No

   Total

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

   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2013

332081
09-12-13

14560714 784010 05823R001  2013.04000 MORRIS HABITAT FOR HUMANITY 05823R01
### Part II  Fundraising Events

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 (event type)</th>
<th>(b) Event #2 (event type)</th>
<th>(c) Other events (total number)</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Less: Contributions</td>
<td>133,301.</td>
<td>11,361.</td>
<td>10,362.</td>
<td>155,024.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>52,586.</td>
<td>3,539.</td>
<td>4,530.</td>
<td>60,655.</td>
</tr>
</tbody>
</table>

| Direct Expenses | |
|-----------------|--------------------------|---------------------------|-------------------------------|-----------------------------------------------|
| 4 Cash prizes   |                          |                           |                               |                                               |
| 5 Noncash prizes |                          |                           |                               |                                               |
| 6 Rent/facility costs |                          |                           |                               |                                               |
| 7 Food and beverages |                          |                           |                               |                                               |
| 8 Entertainment | 52,586. | 3,539. | 4,530. | 60,655. |
| 9 Other direct expenses |                          |                           |                               |                                               |

#### Part III  Gaming

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td>No</td>
</tr>
<tr>
<td>7 Direct expense summary, Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary, Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization operates gaming activities:

<table>
<thead>
<tr>
<th>a Is the organization licensed to operate gaming activities in each of these states?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

b If "No," explain:

<table>
<thead>
<tr>
<th>10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

b If "Yes," explain:

<table>
<thead>
<tr>
<th>332982 09-12-13</th>
</tr>
</thead>
</table>

Schedule G (Form 990 or 990-EZ) 2013
11 Does the organization operate gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity operated in:
   a The organization's facility ___________________________ 13a %
   b An outside facility ___________________________ 13b %

14 Enter 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? □ Yes □ 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 of the third party:

   Name ▶ ___________________________
   Address ▶ ___________________________

16 Gaming manager information:

   Name ▶ ___________________________

   Gaming manager compensation ▶ $ ____________

   Description of services provided ▶ ___________________________

   □ Director/officer □ Employee □ independent contractor

17 Mandatory distributions:

   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ ____________

[Part IV] Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
Transactions With Interested Persons

MORRIS HABITAT FOR HUMANITY, INC.

**Part I** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

<table>
<thead>
<tr>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958: $ ___________

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization: $ ___________

**Part II** Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>To From</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

Total: $ ___________

**Part III** Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part IV Business Transactions Involving Interested Persons

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization’s revenues?</th>
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<td>DAVID VOLLMAYER</td>
<td>CFO IS A PAID INDEPENDENT</td>
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<td>AN ANNUAL FEE IS PAID TO THE CFO</td>
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### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: DAVID VOLLMAYER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CFO IS A PAID INDEPENDENT CONTRACTOR AND A FORMER MEMBER OF THE BOARD.

(C) AMOUNT OF TRANSACTION $22,000.

(D) DESCRIPTION OF TRANSACTION: AN ANNUAL FEE IS PAID TO THE CFO.

(E) SHARING OF ORGANIZATION REVENUES? = NO
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERSHIP WITH LOW-INCOME AND MODERATE-INCOME FAMILIES IN NEED AND
WITH THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DISCOUNTS ATTRIBUTABLE TO THE ZERO RATE FINANCING WE OFFERED ON NEW
HOMES COMPLETED DURING THE YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
DISABLED, AND ON A FIXED INCOME. IN ADDITION, WE WILL PARTNER WITH
OTHER NON-PROFIT AGENCIES BY PROVIDING THE VOLUNTEER LABOR TO KEEP
COSTS DOWN ON THEIR REHABILITATION PROJECTS.

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: MORRIS HABITAT FOR HUMANITY, INC. HAS ITS FORM 990 PREPARED BY
AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS
TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE
FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE GOVERNING BODY'S
FINANCE COMMITTEE AND IS READY TO BE FILED WITH THE INTERNAL REVENUE
SERVICE, IT IS PROVIDED TO ALL THE MEMBERS OF THE ORGANIZATIONS GOVERNING
BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS
PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY
COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO
THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED UNTIL THE
RETURN IS FINALIZED AND APPROVED FOR FILING.
FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ALL NEW EMPLOYEES RECEIVE A COPY OF THE PERSONNEL POLICY AND MUST SIGN OFF AFTER READING. ALL TRANSACTIONS, OPPORTUNITIES AND GIFTS ARE REVIEWED FOR POTENTIAL CONFLICTS BEFORE DECISION IS MADE TO ENGAGE.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD OF DIRECTORS BASED ON THE RECOMMENDATION OF THE BOARD'S PERSONNEL COMMITTEE. ANY PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE EXECUTIVE DIRECTOR WILL NOT BE INVOLVED IN THE REVIEW OR APPROVAL OF SAID COMPENSATION. SUCH COMPENSATION IS BASED ON PERFORMANCE AND RELATIVE COMPARISON TO COMPENSATION OF SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATIONS AND DECISIONS ON SUCH COMPENSATION IS RECORDED AND MAINTAINED PURSUANT TO THE DOCUMENT RETENTION AND DESTRUCTION POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: MORRIS HABITAT FOR HUMANITY, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE POSTING FORM 990 ON THE ORGANIZATION'S WEBSITE. THE DONOR PRIVACY POLICY, ANNUAL REPORTS, AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE. IN ADDITION, FORM 1023 AS WELL AS THE FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 274 SOUTH SALEM STREET SUITE 100 RANDOLPH, NJ 07869.

OVERSIGHT OF THE AUDIT AND SELECTION OF INDEPENDANT ACCOUNTANT:

14560714 784010 05823R001 2013.04000 MORRIS HABITAT FOR HUMANITY 05823R01
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
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<th>Method</th>
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<th>Line No.</th>
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(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus. Commercial Revitalization Deduction
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*(D) - Asset disposed
* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
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(D) - Asset disposed  
* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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(D) - Asset disposed  
* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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<tr>
<td>103</td>
<td>LEASEHOLD</td>
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<td>4,212.</td>
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</tbody>
</table>

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

40.6
<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Life Line No.</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
<th>Accumulated Depreciation</th>
<th>Current Sec 179</th>
<th>Current Year Deduction</th>
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<tbody>
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<td>061112SL</td>
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<td>10.0016</td>
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<td>IMPROVEMENTS</td>
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<td>10.0016</td>
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<td></td>
<td></td>
<td>4,500.</td>
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</table>

* 990 PAGE 10 TOTAL OTHER: 133,933. 0. 133,933. 7,973. 0. 12,897.

* GRAND TOTAL 990 PAGE 10 DEPR: 318,414. 0. 318,414. 73,970. 0. 41,509.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
### Part I

**Election to Expense Certain Property Under Section 179**

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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Maximum amount (see instructions)</td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation</td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter 0</td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions</td>
</tr>
</tbody>
</table>

#### 6

<table>
<thead>
<tr>
<th></th>
<th>(a) Description of property</th>
<th>(b) Cost (business use only)</th>
<th>(c) Electic cost</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

#### 7

Listed property. Enter the amount from line 29

#### 8

Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7

#### 9

Tentative deduction. Enter the smaller of line 5 or line 8

#### 10

Carryover of disallowed deduction from line 13 of your 2012 Form 4562

#### 11

Business income limitation. Enter the smaller of business income (not less than zero) or line 5

#### 12

Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11

#### 13

Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

### Part II

**Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>14</td>
<td>Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year</td>
</tr>
<tr>
<td>15</td>
<td>Property subject to section 168(f)(1) election</td>
</tr>
<tr>
<td>16</td>
<td>Other depreciation (including ACRS)</td>
</tr>
</tbody>
</table>

#### 16

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td></td>
<td>41,509</td>
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</tbody>
</table>

### Part III

**MACRS Depreciation (Do not include listed property.) (See instructions.)**

#### Section A

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</thead>
<tbody>
<tr>
<td></td>
<td>Classification of property</td>
<td>Month and year placed in service</td>
<td>Basis for depreciation (business/investment use only - see instructions)</td>
<td>Recovery period</td>
</tr>
<tr>
<td></td>
<td>3-year property</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>5-year property</td>
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<td>7-year property</td>
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<td>10-year property</td>
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<td>15-year property</td>
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<td>20-year property</td>
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<tr>
<td></td>
<td>25-year property</td>
<td>25 yrs.</td>
<td>MM</td>
<td>S/L</td>
</tr>
<tr>
<td></td>
<td>Residential rental property</td>
<td>/</td>
<td>27.5 yrs.</td>
<td>MM</td>
</tr>
<tr>
<td></td>
<td>Nonresidential real property</td>
<td>/</td>
<td>27.5 yrs.</td>
<td>MM</td>
</tr>
</tbody>
</table>

#### Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

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</thead>
<tbody>
<tr>
<td></td>
<td>Classification of property</td>
<td>Month and year placed in service</td>
<td>Basis for depreciation (business/investment use only - see instructions)</td>
<td>Recovery period</td>
</tr>
<tr>
<td>20a</td>
<td>Class life</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20b</td>
<td>12-year</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20c</td>
<td>40-year</td>
<td></td>
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### Part IV

**Summary (See instructions.)**

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>21</td>
<td>Listed property. Enter amount from line 28</td>
</tr>
<tr>
<td>22</td>
<td>Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.</td>
</tr>
<tr>
<td></td>
<td>41,509</td>
</tr>
</tbody>
</table>

**Note:** For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.
### Section A - Depreciation and Other Information

<table>
<thead>
<tr>
<th>24a</th>
<th>Do you have evidence to support the business investment use claimed?</th>
<th>Yes</th>
<th>No</th>
<th>24b if &quot;Yes,&quot; is the evidence written?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Type of property (list vehicles first)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25</td>
<td>Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use</td>
<td></td>
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#### Property used more than 50% in a qualified business use:

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#### Property used 50% or less in a qualified business use:

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#### Add amounts in column (f), lines 25 through 27. Enter here and on line 21, page 1.

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### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

#### Total business/investment miles driven during the year (do not include commuting miles)

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#### Total commuting miles driven during the year

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#### Total other personal (noncommuting) miles driven.

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#### Miles driven during the year.

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#### Was the vehicle available for personal use during off-duty hours?

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#### Was the vehicle used primarily by a more than 5% owner or related person?

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#### Is another vehicle available for personal use?

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### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

#### Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

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#### Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners

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#### Do you treat all use of vehicles by employees as personal use?

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#### Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

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#### Do you meet the requirements concerning qualified automobile demonstration use?

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</table>

#### Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

### Part VI | Amortization

#### Description of costs

<p>| | | | | | |</p>
<table>
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#### Amortizable amount

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#### Code section

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#### Amortization period or percentage

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#### Amortization for this year

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### Form 4562 (2013)

14560714 784010 05823R001 2013.04000 MORRIS HABITAT FOR HUMANITY 05823R01
Form 8868 (Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension • check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print Name of exempt organization or other filer, see instructions.

MORRIS HABITAT FOR HUMANITY, INC.

Enter filer’s identifying number

Employer Identification number (EIN) or Social security number (SSN)

File by the due date for filing your return. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

274 SOUTH SALEM STREET, NO. 100

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

RANDOPLH, NJ 07869

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For

Code

Form 990-T (corporation)

Return Code

Application Is For

Form 990 or Form 990-EZ

01

Form 990-BL

02

Form 4720 (individual)

03

Form 990-PF

04

Form 990-T (sec. 401(a) or 408(e) trust)

05

Form 990-T (trust other than above)

06

MORRIS HABITAT FOR HUMANITY

- The books are in the care of 274 SOUTH SALEM STREET, SUITE 100 - RANDOLPH, NJ 07869

Telephone No. 973-891-1934 Fax No.

1. If the organization does not have an office or place of business in the United States, check this box □

2. If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN). If this is for the whole group, check this box □.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

AUGUST 15, 2014

to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

[ ] calendar year 2013 or

[ ] tax year beginning , and ending .

2. If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return

Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a $ 0.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b $ 0.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c $ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)