



**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions)

Do not include amounts reported on line 8b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23	790,877.	790,877.	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26	322,666.	68,782.	157,080.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	23,842.	5,262.	13,105.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	32,050.	8,869.	19,160.
34	Telephone	34	10,717.	1,605.	8,864.
35	Postage and shipping	35	7,681.		7,608.
36	Occupancy	36	20,800.		20,800.
37	Equipment rental and maintenance	37	4,504.	939.	3,565.
38	Printing and publications	38	666.		169.
39	Travel	39	12,072.		10,027.
40	Conferences, conventions, and meetings	40			
41	Interest	41	14,593.		14,593.
42	Depreciation, depletion, etc (attach schedule)	42	8,202.		8,202.
43	Other expenses (itemize) <b>a See Attached</b>	43a	86,907.	41,410.	30,337.
	<b>b</b>	43b			
	<b>c</b>	43c			
	<b>d</b>	43d			
	<b>e</b>	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D),</b> <b>carry these totals to lines 13-15</b>	44	1,335,577.	917,744.	293,510.
					124,323.

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions)

What is the organization's primary exempt purpose? **BUILDING HOMES FOR LOW INCOME FAMILY**  
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) **Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others)**

<b>a</b>	<b>CONSTRUCTION OF HOMES FOR LOW INCOME FAMILIES</b>	
	(Grants and allocations \$ _____)	917,744.
<b>b</b>		
	(Grants and allocations \$ _____)	
<b>c</b>		
	(Grants and allocations \$ _____)	
<b>d</b>		
	(Grants and allocations \$ _____)	
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ _____)
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44 column (B), Program services)	<b>917,744.</b>

**Part IV** Balance Sheets (See Specific Instructions)

Note		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year
ASSETS	45 Cash -- non-interest-bearing	91,943.	45	39,693.
	46 Savings and temporary cash investments	52,052.	46	157,218.
	47a Accounts receivable	47a	2,702,917.	
	b Less allowance for doubtful accounts	47b		2,668,419.
	47c		47c	2,702,917.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		7,210.	52
	53 Prepaid expenses and deferred charges		265.	53
	54 Investments -- securities (attach schedule)		21,213.	54
	55a Investments -- land, buildings, and equipment basis	55a	120,424.	
b Less accumulated depreciation (attach schedule)	55b	65,134.	29,221.	
55c		55c	55,290.	
56 Investments -- other (attach schedule)			56	
57a Land buildings, and equipment basis	57a			
b Less accumulated depreciation (attach schedule)	57b		57c	
58 Other assets (describe <b>CONSTRUCTION IN PROCESS</b> )		413,161.	58	
				532,159.
59 Total assets (add lines 45 through 58) (must equal line 74)		3,283,484.	59	3,520,816.
LIABILITIES	60 Accounts payable and accrued expenses	41,408.	60	28,389.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		133,998.	64b
	65 Other liabilities (describe <b>See Statement Attached</b> )		147,698.	65
				163,233.
66 Total liabilities (add lines 60 through 65)		323,104.	66	403,526.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		2,662,923.	67
	68 Temporarily restricted		297,457.	68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		2,960,380.	73
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		3,283,484.	74	3,520,816.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See Specific Instructions)		N/A	Yes	No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization <b>HABITAT FOR HUMANITY AMERICUS, GA</b> and check whether it is <input type="checkbox"/> exempt OR <input checked="" type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b	N/A	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>_____</b> , section 4912 <b>_____</b> , section 4955 <b>_____</b>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed <b>NONE</b>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b		
91	The books are in care of <b>DWAYNE SPENCER</b> Telephone no <b>(901) 761-4771</b> Located at <b>169 SCOTT STREET, MEMPHIS, TN</b> ZIP code <b>38112</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> SALE OF HOUSES					458,364.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from govt. agencies					
<b>94</b> Membership dues & assessments					
<b>95</b> Interest on savings and temporary cash investments			14	6,300.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			16	6,584.	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			5	-5,935.	
<b>102</b> Gross profit/(loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b> AMORT MTG DISC					162,977.
<b>c</b> MISCELLANEOUS			1	7,044.	
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D) and (E))				13,993.	621,341.
<b>105</b> Total (add line 104 columns (B), (D), and (E))					635,334.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 A	PROVIDES HOUSING FOR LOW INCOME FAMILIES
103 B	IMPUTED INTEREST RECOGNIZED ON MORTGAGES FROM HOME SALES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions)

- (a) Did the organization, during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

5/15/02 Date ▶ Rose M. Klimck, President Type or print name and title

Date	Check if self-	Preparer's SSN or PTIN
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**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2000**

**Supplementary Information — (See separate instructions.)**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**HABITAT FOR HUMANITY OF GREATER**

Employer identification number

**62-1157233**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶		

**Part III** Statements About Activities

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b>	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
<b>4a</b>	Do you have a section 403(b) annuity plan for your employees?		X
<b>b</b>	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See the instructions)		

**Part IV** Reason for Non-Private Foundation Status (See the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V page 5)
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants and contributions received (Do not include unusual grants. See line 28)	885,213.	665,176.	721,389.	656,596.	2,928,374.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	380,578.	582,571.	231,854.	406,426.	1,601,429.
<b>18</b> Gross income from interest dividends amounts received from payments on securities loans (section 512(a)(5)) rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	215,737.	166,502.	180,713.	137,504.	700,456.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	1,481,528.	1,414,249.	1,133,956.	1,200,526.	5,230,259.
<b>24</b> Line 23 minus line 17	1,100,950.	831,678.	902,102.	794,100.	3,628,830.
<b>25</b> Enter 1% of line 23	14,815.	14,142.	11,340.	12,005.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 72,577.
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					<b>26b</b> 101,597.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 3,628,830.
<b>d</b> Add Amounts from column (e) for lines	<b>18</b> 700,456.	<b>19</b>	<b>26b</b> 101,597.		
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 2,826,777.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 77.8978 %
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year				
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
<b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
<b>c</b> Add Amounts from column (e) for lines	<b>15</b> _____	<b>16</b> _____	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
<b>28</b> Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions)					<b>27h</b> _____ %

**Part V Private School Questionnaire** (See the instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space attach a separate statement )		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587, covering racial nondiscrimination? If "No " attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a**  if the organization belongs to an affiliated group  
 Check here **b**  if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table --			
<b>If the amount on line 40 is --</b>	<b>The lobbying nontaxable amount is --</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0.	0.
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0.	0.

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See the instructions )

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

**2000**

Name of organization

**HABITAT FOR HUMANITY OF GREATER**

Employer identification number

**62-1157233**

Organization type (check one)-- Section  501(c)( 3 ) ◀ (enter number) | 527 or | 4947(a)(1) nonexempt charitable trust

**A** Section 501(c)(7), (8), or (10) organizations--

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule in instructions) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note: This form is generally not open to public inspection except for section 527 organizations.**

Name of organization **HABITAT FOR HUMANITY OF GREATER** Employer identification number **62-1157233**

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>21,172.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ <u>75,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ <u>15,208.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ <u>20,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ <u>18,530.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$ <u>14,847.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization  
**HABITAT FOR HUMANITY OF GREATER**

Employer identification number  
**62-1157233**

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7	_____	\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Form 990 - Schedule A - Part IV - Line 26b  
People Whose Gifts Exceeded Amount on Line 26a

Name	Amount	2% of 24e	Difference
	174,174.	72,577.	101,597.
	-----		-----
TOTAL	174,174.		101,597.
	=====		=====

Form 990 - Exempt Organization Tax Return  
 Line 9a - Special Fundraising Events and Activities

Description of Event	Gross Rec.	Contrib.	Exp.
RESTORE SHOP-SALE DONATED GOOD	118,388.	0.	0.
TOTAL	118,388.	0.	0.

Form 990 - Exempt Organization Tax Return  
 Part I - Line 16 - Payments to Affiliates

Name and Address	Amount	Purpose of Payment
HABITAT FOR HUMANITY AMERICUS, GA	4,340.	TITHE
TOTAL	4,340.	

Form 990 - Exempt Organization Tax Return  
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund-raising
VEHICLE EXPENSE	7,246.	3,998.	0.	3,248.
CONTRACT LABOR	3,327.	300.	3,027.	0.
TAXES	14,887.	14,588.	40.	259.
PROMOTION & ADVERT.	3,358.	0.	1,847.	1,511.
INSURANCE	24,439.	2,644.	17,028.	4,767.
DUES & SUBSCRIPTIONS	2,309.	60.	1,586.	663.
NEWSLETTER	5,461.	0.	5,461.	0.
TRAINING & WORKSHOPS	1,156.	0.	1,156.	0.
UTILITIES	16,476.	2,756.	10,969.	2,751.
MISCELLANEOUS	16,005.	7,103.	7,907.	995.
MAINTENANCE/REPAIRS	20,286.	4,400.	14,920.	966.
PROFESSIONAL FEES	44,596.	0.	44,596.	0.
FORECLOSURE COSTS	5,561.	5,561.	0.	0.
INDIRECT COST ALLOC	-78,200.	0.	-78,200.	0.
TOTAL	86,907.	41,410.	30,337.	15,160.

Form 990 - Part IV - Balance Sheets  
Line 54 - Investments - Securities

Description	Amount
-----	-----
COMMUNITY FOUNDATION	22,353.
	-----
TOTAL	22,353.
	=====

Form 990 - Part IV - Balance Sheets  
Line 65 - Other Liabilities

Description	Amount
-----	-----
ESCROW ACCOUNTS	160,984.
SALES TAX	1,795.
ACCRUED INTEREST	454.
	-----
TOTAL	163,233.
	=====

**HABITAT FOR HUMANITY**  
**BOARD OF DIRECTORS**  
**2000 -2001**

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**PRESIDENT.....ROSE KLIMEK**  
**VICE PRESIDENT.....GWEN ROOKS**  
**PRESIDENT-ELECT.....JESSE JOHNSON**  
**SECRETARY.....RANDY SALKY**  
**TREASURER.....DICK KLENZ**

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**ALLBRIGHT, James** h 756-6291  
 7925 Cross Village Drive  
 Germantown-TN 38138  
**SeaBrook Wallcoverings** w 320-3699  
 1325 Farmville Road  
 Memphis-38122 e-mail [AllbrightJ@att.net](mailto:AllbrightJ@att.net)  
 Committee(s) Member, Development  
Class of 2003

---

**ANSCHUTZ, Jessica** h 274-7089  
 31 S McClean # 5  
 Memphis-38104  
**Student Rep. - RHODES College**  
**Campus Habitat Chapter** W 843-3401  
**Community Services Office**  
 2000 N Parkway  
 Memphis- 38112 e-mail  
 Committee(s) Member, Volunteer (Ex-Officio)

---

**BARTA, Martha** w 761-3232  
 1164 Ravenna Cove  
 Collierville, TN 38017  
 Committee(s) Collierville Chapter (EX-OFFICIO)

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**BINGHAM, Kathy** h 756-4554  
 6965 Wittenham Cove  
 Memphis-38119  
**BlueCross BlueShield of Tennessee** w 544-2113  
 85 N Danny Thomas Blvd  
 Memphis-38103  
 Committee(s) Member, Development Class of 2003

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**BRIDGES, Jane** h 276-4729  
 1394 Carr  
 Memphis - 38104  
**Methodist Nursing Library** w 726-8862  
**Manager of Educational Resources**  
 251 S Claybrook f 726-8807  
 Memphis - 38104 e-mail  
 Committee(s) CHAIR, Endowment Fund (EX-OFFICIO)

---

**COLE, Robert** p 391-8446  
 PO Box 16204 h 785-0184  
 Memphis - 38186-0204  
 US Postal Service w 947-7591  
 1921 Elvis Presley Blvd. f 947-7678  
 Memphis - e-mail  
 Committee(s) Member, Construction & Family Services Committees  
 Class of 2003

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**DELBROCCO, David** h 755-3592  
 2089 Old Lake Pike  
 Memphis-38119  
 DelBrocco & Associates w 681-9272  
 President  
 4735 Spottswood #204 f 681-9340  
 Memphis- 38117  
 e-mail [ddb7@aol.com](mailto:ddb7@aol.com)  
 Committee(s) Member, Development and Finance  
 Class of 2002

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**DIXON, Senator Roscoe** w Memphis - 946-20400  
 3592 Huckleberry  
 Memphis-3 8116  
 11-A Legislative Plaza - 615-741-9349  
 State Senator from Tennessee  
 Nashville - 37243 f 615-741-9349  
 Committee(s) Member, Development / Public Relations  
 Class of 2001

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**FEATHERSTONE Tom** h 758-8776  
 4380 Richmond Circle S c 494-2556  
 Memphis-38125 p 223-2563  
 First Tennessee Bank w 537-2883  
 Vice President  
 4990 Poplar 3<sup>rd</sup> floor f 537-2858  
 Memphis- 38117  
 e-mail  
 Committee(s) Member Development & Finance  
 Class of 2002

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**FRANCZYK, Diane** h 373-4479  
 6052 Surrey Hollow Cove  
 Bartlett-38134  
 Committee(s) Chair Construction  
 Ex-Officio

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**GILLIS, Jerry** h 578-8393  
 President, Faxon Gillis w 759-7000  
 825 Timber Creek Dr f 756-4449  
 Cordova-38108  
 e-mail [jerry@faxongillis.com](mailto:jerry@faxongillis.com)  
 Committee(s) Member, Development  
 Class of 2002

HAYES, Ivy 8380 Hickory Glen Drive Germantown-38138 Committee(s)	Junior League Project	h 756-3846	Ex-Officio
JENKINS, Sam 5878 Briarhaven Ave Memphis - 38120 1st TN Bank Vice President 165 Madison Ave Memphis - 38103 Committee(s)	e-mail Member, BFF Collaborative, Finance Comm , Dev/PR Comm	h 682-8161 w: 523-4263 f 523-4235	Class of 2003
JOHNSON, Jesse V 977 Looney Ave Memphis - 38107-4158 Memphis Chamber of Commerce Vice President of Government Affairs 22 N Front St Suite 2000 Memphis - 38103 Committee(s)	e-mail <a href="mailto:jjohnson@memphis-chamber.com">jjohnson@memphis-chamber.com</a> Ex-Officio of all Committees President-Elect	h 523-8855 w 543-3549 f 543-3506	OFFICER
KAISER, Bob 6490 Sulgrave Drive Memphis-38119-7730 Committee(s)	Member, Construction, Chair Development	h 682-9887	Ex-Officio
KLENZ, Dick Retired Postal Inspector 2041 Whispering Pines Dr Germantown - 38139 Committee(s)	e-mail Member, Construction Committee, Treasurer	h 756-4165 f 624-6758	OFFICER
KLIMEK, Rose Retired Director of Emergency Services Memphis 3953 Lakemont Dr Memphis - 38128 Committee(s)	CHAIR Family Services Committee President	h 386-7735 f " ↓ (call 1st for fax setup) e-mail <a href="mailto:roseklm@aol.com">roseklm@aol.com</a>	OFFICER

---

MASSEY, Shawn E h 767-0248  
306 W Peg Lane c 496-4985  
Memphis - 38117 p 800-532-4879  
W G Yates & Sons Construction Co w 761-0010  
Coordinator of Business Development, Memphis Office f 761-0087  
Memphis - 38117

e-mail  
Committee(s) CHAIR Site Selection

Class of 2001

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MAYES, Robert h 748-2410  
3407 Lake Pointe Cove  
Memphis-38125  
Diversified Capital w 374-9660  
6263 Poplar Avenue  
Suite 300  
Memphis-38119  
Committee(s) Chair Volunteer, Development, Construction Class of 2003

---

MOODY, Mark h 853-4967  
315 Revell Cove  
Collierville - 38017  
Fundcraft Publications w 853-7070 / 7073 (after 4 30)  
Vice President f 853-6196  
PO BOX 340  
410 W Highway 72  
Collierville - 38027  
Committee(s) e-mail  
CHAIR Finance

Class of 2003

---

MOORE, Robert (Bob) N h 754-6873  
Retired Postal Inspector  
2574 Meadow Run p 765-0508  
Germantown - 38138-6254 f 754-2484  
President of Board of Directors  
e-mail [robjean@msn.com](mailto:robjean@msn.com)  
Committee(s) Member, Construction committee  
Chaplin Class of 2003

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NAYLOR, John h 683-0818  
5256 Keatswood  
Memphis- 38120  
Committee(s) e-mail  
Member Co-Chair-Construction  
Class of 2002

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PARZINGER, Thom h 751-1378  
2549 Park Creek Cove N  
Germantown - 38139  
FDIC Bank Examiner w 821-5235  
5100 Poplar # 1900 f 821-5309  
Memphis - 38137

Committee(s) e-mail tparzinger@fdic.gov  
Member Development Committee  
Class of 2001

---

PEEPLES, Tricia h  
Junior League of Memphis  
2686 Central Terrace  
Memphis-38111-4407  
Committee(s) Junior League Project Ex-Officio

---

PRINCE, Matthew S h 682-6207  
505 Avon Cove  
Memphis-38117  
National Commerce Bank Services w 529-4645  
One Commerce Square  
Suite 850  
Memphis-38150  
Committee(s) Member, Development Class of 2003

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ROOKS, Gwendolyn h 744-6867  
Attorney At Law w 545-5800  
1630 Westlawn f 576-3304  
Memphis - 38114  
Committee(s) e-mail  
Member, Development  
Vice President Officer

---

SALKY, Randy h 761-4972  
6596 London Dr  
Memphis - 38120  
Attorney At Law w 252-2378 ext. 121  
266 S Front St f 529-9101  
Memphis - 38103  
Committee(s) e-mail  
Secretary Officer

---

SCHMIDT, The Rev Phil h 274-1340  
2088 Hallwood  
Memphis - 38107  
Pastor, Trinity Lutheran Church w 525-1056  
210 Washington, Ave f 525-0697  
Memphis - 38103  
Committee(s) e-mail  
Member Development & Construction Committees  
Class of 2001

---

SCHMIDT, Susan h 873-2564  
 Methodist North Nurse Manager w 384-5300  
 3960 New Covington Pike f 384-5573  
 Memphis - 38128  
 6275 Covington Pike  
 Millington - 38053  
 Committee(s) Member Family Services  
 Class of 2001

---

SHARP, Mary W h 332-8978  
 2063 Jamie Drive  
 Memphis-38116-8121  
 Crye-Leike Realtors w 396-8400  
 1396 Shelby Drive  
 Memphis-38116  
 Committee(s) Member, Development Class of 2003

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SMIT, Steve h 854-2282  
 535 King Oaks Cv W 853-5729  
 Collierville-38017 f 853-4894  
 e-mail [ssmit3654@aol.com](mailto:ssmit3654@aol.com)  
 Committee(s) Member, Construction Class of 2002

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SLOYAN, Teresa  
 Hyde Family Foundation W 685-3402  
 6075 Poplar  
 Suite 335  
 Memphis, TN 38119  
 Committee(S) Development Class of 2003

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STOTTS, Rita h 276-9317  
 Stotts, Higgins, Johnson & Assoc w 276-2500  
 1470 Monroe  
 Memphis - 38104 e-mail  
 Committee(s) CHAIR, Legal Committee (Ad-Hoc) Class of 2001

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STRICKLAND JR, Jim h 323-0713  
 267 Ridgefield Road  
 Memphis-38111  
 Kustoff & Strickland, PLLC w 527-0255  
 44 North Second  
 Suite 502  
 Memphis-38103  
 Committee(s) Member, Development Class of 2003

TURNER, R. Lydel 1416 Dearing Memphis - 38117 Firefighter, Station 18 3426 Southern at Ellsworth Memphis - 38104 Committee(s)	h 682-0535  w 458-3948	Construction Committee	Class of 2001
WILLIAMS, Faye L 4916 Winchester # 4 Memphis-38118-5463 WHBQ-TV Fox 13 485 S Highland Memphis-38112 Committee(s)	h 795-2497  w 320-1313	Member, Speakers Buereau, Development	Class of 2003
WILSON, Patti 2111 Black Oak Memphis - 38119 Committee(s)	h 757-4479	e-mail Member Development, Co-Chair- Finance Committees	Class of 2001

\* Ex-officio = non-voting positions

\*\* As President, his time of service stops when he steps down He is Ex-Officio of all committees.

Updated 5/8/01

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time**— Only submit original (no copies needed)  
**Note:** Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns  
 Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1088, or 1041

<b>Type or print</b>	Name of Exempt Organization <b>HABITAT FOR HUMANITY OF GREATER</b>	Employer identification number <b>62-1157233</b>
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 <b>169 SCOTT STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MEMPHIS, TN 38112</b>	

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- 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  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-month, for 990-T corporation) extension of time until February 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20\_\_\_\_ or  
 ▶  tax year beginning July 1, 2000 and ending June 30, 2001

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

**c** **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature ▶ Neil W. Fewell Title ▶ CPA Date ▶ 11/9/01

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>HABITAT FOR HUMANITY OF GREATER</b>	Employer Identification number <b>62-1157233</b>
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 <b>169 SCOTT STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>MEMPHIS, TN 38112</b>	

Check type of return to be filed (file a separate application for each return)

Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870

Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- 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  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2002

5 For calendar year \_\_\_\_\_ or other tax year beginning July 1, 2000 and ending June 30, 2001

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **AUDITOR HAS NOT RECEIVED ATTORNEY'S LETTER REGARDING MATERIAL TRANSACTION AND THEREFORE CAN NOT COMPLETE THE AUDIT.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 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 and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Vil. W. Dewese* Title CPA Date 2/14/02

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>DEWESE &amp; ASSOCIATES, CPAs</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>5050 POPLAR AVENUE, SUITE 313</b>
	City or town, province or state, and country (including postal or ZIP code) <b>MEMPHIS, TN 38157</b>

