

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust  
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2000**

Open to Public Inspection

**A** For the 2000 calendar year, or tax year period beginning 7/01/00, and ending 6/30/01

- B** Check if applicable:
- Change of address
  - Change of name
  - Initial return
  - Final return
  - Amended return

Please use IRS label or print or type See Specific Instructions.

**C** Name of organization  
**INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**2345 18TH AVENUE**

City or town state or country and ZIP code  
**VERO BEACH FL 32960**

**D** Employer ID number  
**65-0230079**

**E** Telephone number  
**561-562-9860**

**F** Check  if application pending

**G** Org type (check only one)  501(c) ( 3 ) (insert no)  527 or  4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990EZ)

**J** Accounting method  Cash  Accrual  Other (specify)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes" enter number of affiliates
- H(c)** Are all affiliates included?  Yes  No (If "No" att a list See instr)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Enter 4-digit group exemption no. (GEN)  **8545**
- L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

1	Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	780,753		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	11,625		
	d Total (add lines 1a through 1c) (cash \$ <u>719,818</u> noncash \$ <u>72,560</u> )	1d		792,378	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		881,377	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		29,882	
	5 Dividends and interest from securities	5			
	6a Gross rents	6a	9,623		
	b Less rental expenses	6b	7,468		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		2,155	
7 Other investment income (describe )	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
8d					
9 Special events and activities (attach schedule)					
a	Gross revenue (net including contributions) (attach schedule) of	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	11,260		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,717,052		
E x p e n s e s	13 Program services (from line 44, column (B))	13	1,198,646		
	14 Management and general (from line 44, column (C))	14	63,146		
	15 Fundraising (from line 44, column (D))	15	62,943		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	1,324,735		
A s s e t s	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	392,317		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,662,392			
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,054,709			

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**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 on page 20.)

Do not include amounts reported on line 6b, 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) <b>STMT 2</b> (cash \$ <u>847</u> non-cash \$ _____ )	22 847	847		
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26 152,236	96,732	26,605	28,899
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 26,264	15,275	5,520	5,469
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 10,800	5,700	3,026	2,074
34	Telephone	34 7,805	5,533	1,104	1,168
35	Postage and shipping	35 4,069	1,402	515	2,152
36	Occupancy	36 12,379	7,670	3,272	1,437
37	Equipment rental and maintenance	37			
38	Printing and publications	38 7,424	801	286	6,337
39	Travel	39 4,073	3,429	415	229
40	Conferences, conventions, and meetings	40			
41	Interest	41 7,096	3,957	1,571	1,568
42	Depreciation, depletion, etc (att sch)	42 6,315		6,315	
43	Other expenses (itemize) a	43a			
	b SEE STATEMENT 3	43b 1,085,427	1,057,300	14,517	13,610
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,324,735	1,198,646	63,146	62,943

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) the 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 on page 23)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
<p>► <b>LOW INCOME HOUSING</b></p> <p>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.)</p> <p>a <b>IRC HABITAT FOR HUMANITY BUILDS AND SELLS HOUSES TO LOW INCOME FAMILIES ON A NO-PROFIT, NO INTEREST LOAN BASIS.</b></p> <p>(Grants and allocations \$ _____ )</p>	1,198,646
<p>b</p> <p>(Grants and allocations \$ _____ )</p>	
<p>c</p> <p>(Grants and allocations \$ _____ )</p>	
<p>d</p> <p>(Grants and allocations \$ _____ )</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____ )</p>	
<p>f <b>Total of Program Service Expenses</b> (should equal line 44 column (B), Program services)</p>	1,198,646

**Part IV Balance Sheets (See Specific Instructions on page 23 )**

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	91,764	45	694,769
46	Savings and temporary cash investments	632,477	46	618,552
47a	Accounts receivable	1,236		
b	Less allowance for doubtful accounts		47c	1,236
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable	38,448	49	
50	Receivables from officers directors, trustees and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	1,004,082		
b	Less allowance for doubtful accounts	503,604	51c	500,478
52	Inventories for sale or use	318,554	52	194,926
53	Prepaid expenses and deferred charges	1,850	53	1,850
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis	302,259		
b	Less accumulated depreciation (attach schedule) SEE STMT 4		55c	302,259
56	Investments-other (attach schedule)		56	
57a	Land buildings and equipment basis	195,330		
b	Less accumulated depreciation (attach schedule) SEE STMT 5		57c	178,667
58	Other assets (describe SEE STMT 6 )	172,784	58	500
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,885,691	59	2,493,237
60	Accounts payable and accrued expenses	43,766	60	39,162
61	Grants payable		61	
62	Deferred revenue		62	12,719
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) SEE WORKSHEET	137,118	64b	324,839
65	Other liabilities (describe SEE STMT 7 )	42,415	65	61,808
66	<b>Total liabilities</b> (add lines 60 through 65)	223,299	66	438,528
Organizations that follow SFAS 117 check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	1,662,392	67	2,054,709
68	Temporarily restricted		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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1,662,392	73	2,054,709
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,885,691	74	2,493,237

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.

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25 )		<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue gains, and other support per audited financial statements ▶	a 1,724,520	a Total expenses and losses per audited financial statements ▶	a 1,332,203	
b Amounts included on line a but not on line 12 Form 990		b Amounts included on line a but not on line 17 Form 990		
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)		(4) Other (specify)		
SEE STMT 8 \$ 7,468		SEE STMT 9 \$ 7,468		
Add amounts on lines (1) through (4) ▶	b 7,468	Add amounts on lines (1) through (4) ▶	b 7,468	
c Line a minus line b ▶	c 1,717,052	c Line a minus line b ▶	c 1,324,735	
d Amounts included on line 12 Form 990 but not on line a		d Amounts included on line 17 Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)		(2) Other (specify)		
\$		\$		
Add amounts on lines (1) and (2) ▶	d	Add amounts on lines (1) and (2) ▶	d	
e Total revenue per line 12 Form 990 (line c plus line d) ▶	e 1,717,052	e Total expenses per line 17 Form 990 (line c plus line d) ▶	e 1,324,735	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID PEARSON 253 COCONUT PALM RD; VERO BEACH, FL	PRESIDENT 10 HRS	0	0	0
THOMAS FREDERICK 1605 MAJORCA PL; VERO BEACH, FL	VICE PRES 20 HRS	0	0	0
ROBERT E. SHOWFETY 800 BEACH RD; INDIAN RIVER SHORES, FL	TREASURER 8 HRS	0	0	0
TROY HAFNER PO BOX 3345; VERO BEACH, FL	SECRETARY 5 HRS	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes" attach schedule-see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a 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 inc 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	X	
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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input 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		X
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?	N/A	83b	
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?	N/A	84b	
85	501(c)(4), (5), or (6) organizations: a. Were substantially all dues nondeductible by members?	N/A	85a	
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.	N/A	85b	
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?	N/A	85g	
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?	N/A	85h	
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 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0			
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		6
91	The books are in care of <input type="checkbox"/> ROBERT E. SHOWFETY Located at <input type="checkbox"/> 800 BEACH RD; INDIAN RIVER SHORES, FL			
	Telephone no <input type="checkbox"/> 561-562-9860 ZIP code <input type="checkbox"/> 32963			
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 on page 30)**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>MORTGAGE LOAN DISCOUNTS</b>					20,402
b <b>TRANSFERS OF HOMES</b>					860,975
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	29,882	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	2,155			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b <b>LATE FEE &amp; OTHER INCOME</b>			25	11,260	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		2,155		41,142	881,377
105 Total (add line 104 columns (B), (D), and (E))					924,674

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 on page 31)**

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)
93E	<b>MORTGAGE LOAN DISCOUNTS CONSISTS OF IMPUTED INTEREST NOT CHARGED BY HABITAT ON IT'S MORTGAGE RECEIVABLES AND REPRESENT HABITAT'S CONTRIBUTION TO THE COMMUNITY FOR THE VALUE OF INTEREST NOT CHARGED.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)**

- (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)

Including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name and title



**Part III Statements About Activities**

		Yes	No
1	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 the total expenses paid or incurred in connection with the lobbying activities <b>03</b> _____ 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
2	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?		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expense if more than \$1,000)?		X
e	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
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a	Do you have a section 403(b) annuity plan for your employees?		X
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 pg. 2 of the instr.)		

**Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of 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)(v). (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 page 5 of 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 page 5 of 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 FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrib received (Do not incl unusual grants See line 28)	671,604	421,942	345,525	261,532	1,700,603
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is not a busn unrelated to the organization's charitable etc purpose			4,747	5,387	10,134
18 Gross inc from int dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	25,202	16,120	9,541	5,458	56,321
19 Net income from unrelated business activities not included in line 18	3,023				3,023
20 Tax revenues levied for the organization & ben & either paid to it or expended on its behalf					
21 The value of services or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities gen erally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets	3,728				3,728
23 Total of lines 15 through 22	703,557	438,062	359,813	272,377	1,773,809
24 Line 23 minus line 17	703,557	438,062	355,066	266,990	1,763,675
25 Enter 1% of line 23	7,036	4,381	3,598	2,724	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 35,274
	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				26b
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 1,763,675
	d Add Amounts from column (e) for lines 18 <u>56,321</u> 19 <u>3,023</u> 22 <u>3,728</u> 26b				26d 63,072
	e Public support (line 26c minus line 26d total)				26e 1,700,603
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 96.4238%
27 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 year from, each 'disqualified person' Enter the sum of such amounts for each year				N/A
	(1999)	(1998)	(1997)	(1996)	
	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				N/A
	(1999)	(1998)	(1997)	(1996)	
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c
	d Add Line 27a total _____ and line 27b total _____				27d
	e Public support (line 27c total minus line 27d total)				27e
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))				27h %
28 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 page 5 of the instr)					

**Part V Private School Questionnaire (See page 5 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	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?			
30	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?			
31	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 )			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body faculty and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	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 )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?  If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
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			
35	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 page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

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)																				
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36																		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37																		
38	Total lobbying expenditures (add lines 36 and 37)	38																		
39	Other exempt purpose expenditures	39																		
40	Total exempt purpose expenditures (add lines 38 and 39)	40																		
41	Lobbying nontaxable amount Enter the amount from the following table-																			
	<table border="0"> <tr> <td><b>If the amount on line 40 is-</b></td> <td><b>The lobbying nontaxable amount is-</b></td> <td></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> <td></td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> <td></td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> <td>41</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> <td></td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> <td></td> </tr> </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	41	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>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	41																		
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																			
42	Grassroots nontaxable amount (enter 25% of line 41)	42																		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43																		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44																		

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 on page 9 of the instructions

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	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 page 9 of the instr)

**N/A**

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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials or a legislative body
- h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount

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



**Federal Statements**

FYE 6/30/2001

Direct Public Support

Contributor	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
	\$ 30,000	\$
	15,000	
	60,000	
	5,000	
	5,000	
	200,000	
	60,000	
	5,322	
	30,000	
	5,000	
	5,000	
	10,000	
	5,169	
	32,500	
	8,463	
	30,068	
	201,671	
		44,430
		5,590
		13,146
		9,394
MISCELLANEOUS NONCASH CONTRIBUTIONS		<u>9,394</u>
TOTAL	<u>\$ 708,193</u>	<u>\$ 72,560</u>

**Other Notes and Loans Receivable**

Form **990**

**2000**

For calendar year 2000, or tax year beginning **7/01/00**, and ending **6/30/01**

Name **INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.** Employer Identification Number **65-0230079**

**FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION**

Name of borrower	Relationship to disqualified person
(1) <b>MORTGAGES RECEIVABLES</b>	
(2) <b>SHIP MORTGAGE RECEIVABLE</b>	
(3) <b>FHIB RECEIVABLE</b>	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) <b>CONSTRUCTED HABITAT HOUSES</b>	<b>224,499</b>	<b>446,486</b>	
(2)		<b>48,992</b>	
(3)		<b>5,000</b>	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>224,499</b>	<b>500,478</b>	

## Mortgages and Other Notes Payable

Form **990****2000**

For calendar year 2000, or tax year beginning

7/01/00, and ending

6/30/01

Name

INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC.

Employer Identification Number

65-0230079

## FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) PNC BANK	NONE
(2) INDIAN RIVER NATIONAL BANK	NONE
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	140,000	6/19/99	7/01/19	ADJUSTABLE RATE EVERY 5 YR	7.000
(2)	200,000	12/08/00	12/01/10	120 PAYMENTS OF \$1,840	2.000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Security provided by borrower	Purpose of loan
(1) SECURED BY REAL PROPERTY	PURCHASE OFFICE BUILDING
(2) CASH ACCTS AT IRNB & MORT NOTE REC	COVER CASH FLOW
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	137,118	133,984
(2)		190,855
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	137,118	324,839

### Depreciation and Amortization

Form **4562**

OMB No 1545-0172

(Including Information on Listed Property)

**2000**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions      ▶ Attach this form to your return

Attachment  
Sequence No **67**

Name(s) shown on return **INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC.**

Identifying number  
**65-0230079**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Tangible Property (Section 179)**

**Note:** If you have any "listed property," complete Part V before you complete Part I

1 Maximum dollar limitation If an enterprise zone business, see page 2 of the instructions	1	\$20,000																											
2 Total cost of section 179 property placed in service See page 2 of the instructions	2																												
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000																											
4 Reduction in limitation Subtract line 3 from line 2 If zero or less enter -0-	4																												
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately see page 2 of the instructions	5																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">(a) Description of property</th> <th style="width: 25%;">(b) Cost (business use only)</th> <th style="width: 25%;">(c) Elected cost</th> </tr> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property Enter amount from line 27</td> <td style="text-align: center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction Enter the smaller of line 5 or line 8</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from 1999 See page 3 of the instructions</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12</td> <td style="text-align: center;">13</td> <td></td> </tr> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property Enter amount from line 27	7		8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		9 Tentative deduction Enter the smaller of line 5 or line 8	9		10 Carryover of disallowed deduction from 1999 See page 3 of the instructions	10		11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		13 Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12	13	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost																											
6																													
7 Listed property Enter amount from line 27	7																												
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8																												
9 Tentative deduction Enter the smaller of line 5 or line 8	9																												
10 Carryover of disallowed deduction from 1999 See page 3 of the instructions	10																												
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11																												
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12																												
13 Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12	13																												

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)**

**Section A-General Asset Account Election**

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions.

**Section B-General Depreciation System (GDS) (See page 3 of the instructions)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property		13,482	5.0	MQ	200DB	1,124
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions)**

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part III Other Depreciation (Do not include listed property) (See page 5 of the instructions)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	6,506

**Part IV Summary (See page 6 of the instructions)**

20 Listed property Enter amount from line 26	20	
21 Total Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instructions	21	7,630
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see page 9 of the instructions

Form **4562** (2000)

**Statement 1 - Form 990, Part I, Line 6b - Rental Expenses**

<u>Description</u>	<u>Deduction</u>
RENTAL- PORTION OF OFFICE	
INTEREST	3,613
INSURANCE	301
REPAIRS	1,158
TAXES	1,082
DEPRECIATION	1,314
TOTAL	<u>7,468</u>

**Federal Statements****Statement 2 - Form 990, Part II, Line 22 - Grants and Allocations**

Description	Cash Contribution	Noncash Contribution
TITHE	\$ 847	\$
TOTAL	<u>\$ 847</u>	<u>\$ 0</u>

**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
TRANSFERS OF HOMES	\$	\$	\$	\$
COST OF HOMES TRANSFERRED	767,373	767,373		
DISCOUNT ON MORTGAGES	267,284	267,284		
INDIRECT EXPENSE				
ADVERTISING	560	42	418	100
CONSTRUCTION SUPPLIES	9,444	9,444		
CONTRACT LABOR	8,276	4,800	1,688	1,788
MISCELLANEOUS	12,371	3,466	8,363	542
VOLUNTEERS	3,366			3,366
PROFESSIONAL SERVICES	10,991	4,891	4,048	2,052
NEWSLETTER	5,762			5,762
TOTAL	<u>\$ 1,085,427</u>	<u>\$ 1,057,300</u>	<u>\$ 14,517</u>	<u>\$ 13,610</u>

**Federal Statements**

FYE 6/30/2001

**Statement 4 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND FOR DEVELOPMENT	\$ 403,444	\$	\$ 302,259	\$
TOTAL	<u>\$ 403,444</u>	<u>\$ 0</u>	<u>\$ 302,259</u>	<u>\$ 0</u>

**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
CONSTRUCTION EQUIPMENT	\$ 2,053	\$	\$ 2,053	\$
FURNITURE & FIXTURES	1,257		1,257	
BUILDINGS - OFFICE	167,066		167,096	
COMPUTER EQUIPMENT	7,419		14,193	
OFFICE EQUIPMENT	4,023		10,731	
ACCUMULATED DEPRECIATION		9,034		16,663
TOTAL	<u>\$ 181,818</u>	<u>\$ 9,034</u>	<u>\$ 195,330</u>	<u>\$ 16,663</u>

**Statement 6 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$	\$ 500
TOTAL	<u>\$ 0</u>	<u>\$ 500</u>

**Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
S.H.O.P. NOTE PAYABLE	\$ 11,784	\$ 21,839
ESCROW DEPOSITS	24,353	30,815
SECURITY DEPOSIT	1,028	825
HFHI TITHING	3,913	22
RENTAL PROPERTY	1,337	1,337
WARRANTY		6,970
TOTAL	<u>\$ 42,415</u>	<u>\$ 61,808</u>

**Statement 8 - Form 990, Part IV-A - Other Revenue Included in Financial Statements**

<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES	\$ 7,468
TOTAL	\$ 7,468

**Statement 9 - Form 990, Part IV-B - Other Expenses Included in Financial Statements**

<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES	\$ 7,468
TOTAL	\$ 7,468

**Filing Instructions**

**Form 990**

**Return of Organization Exempt From Income Tax**

**Taxable Year Ended June 30, 2001**

**Name:** INDIAN RIVER COUNTY HABITAT  
FOR HUMANITY, INC

**Date Due:** February 15, 2002

**Remittance:** None is required No amount is due or overpaid

**Signature:** The original return should be signed and dated on Page 6 by an officer  
representing the organization

**Mail To:** Internal Revenue Service  
Ogden, UT 84201-0027

**Other:** Initial and date the copy, and retain it for your records

Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

### 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, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.</b>	Employer identification number <b>65-0230079</b>
	Number, street, and room or suite no If a P O box, see instructions <b>2345 18TH AVENUE</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>VERO BEACH FL 32960</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 2/15/02 to file the exempt organization return for the organization named above The extension is for the organization's return for  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning 7/01/00, and ending 6/30/01

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

#### 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 M. L. Kmet Title CPA Date 10.2.01

For Paperwork Reduction Act Notice, see instruction **8868** (12-2000)