

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

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 (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	53,985		22,363	31,622
26 Other salaries and wages	26	88,369	42,346	41,921	4,102
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	14,332	4,263	6,472	3,597
30 Professional fundraising fees	30				
31 Accounting fees	31	12,672		12,672	
32 Legal fees	32				
33 Supplies	33	10,369	6,174	4,195	
34 Telephone	34				
35 Postage and shipping	35	1,001		1,001	
36 Occupancy	36	20,350	645	19,705	
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 5	43a	384,187	377,971	1,693	4,523
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	585,265	431,399	110,022	43,844

Joint Costs Check if you are following SOP 98.2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a CONSTRUCTED AND REHABILITATED 7 HOUSES FOR THE POOR _____ _____ _____ (Grants and allocations \$ _____)	431,399
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	431,399

Part IV Balance Sheets (See 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	271,841	45	289,649		
	46 Savings and temporary cash investments		46			
	47 a Accounts receivable	47 a				
	b Less allowance for doubtful accounts	47 b		47 c		
	48 a Pledges receivable	48 a				
	b Less allowance for doubtful accounts	48 b		48 c		
	49 Grants receivable			49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51 a Other notes & loans receivable (attach sch)	51 a				
	b Less allowance for doubtful accounts	51 b		51 c		
	52 Inventories for sale or use			52		
	53 Prepaid expenses and deferred charges			53		
	54 Investments – securities (attach schedule)			54		
	55 a Investments – land, buildings, & equipment basis	55 a	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 256,570			
	b Less accumulated depreciation (attach schedule) STATEMENT 7	55 b	25,262	231,193	55 c	231,308
56 Investments – other (attach schedule)			107,446	56	30,446	
57 a Land, buildings, and equipment basis	57 a					
b Less accumulated depreciation (attach schedule)	57 b			57 c		
58 Other assets (describe ► SEE STATEMENT 8)			1,110,815	58	1,644,502	
59 Total assets (add lines 45 through 58) (must equal line 74)			1,721,295	59	2,195,905	
LIABILITIES	60 Accounts payable and accrued expenses		8,223	60	46,506	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64 a Tax exempt bond liabilities (attach schedule)				64 a	
	b Mortgages and other notes payable (attach schedule)		303,110		64 b	286,267
	65 Other liabilities (describe ► SEE STATEMENT 9)				65	5,545
66 Total liabilities (add lines 60 through 65)			311,333	66	338,318	
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		1,409,962	67	1,792,087	
	68 Temporarily restricted			68	65,500	
	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)			1,409,962	73	1,857,587	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)			1,721,295	74	2,195,905	

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)

	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		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		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
80b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions		0
81b Did the organization file Form 1120-POL for this year?		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?	X	
82b 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 in Part III.)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b 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
85c Dues, assessments, and similar amounts from members		N/A
85d Section 162(e) lobbying and political expenditures		N/A
85e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices		N/A
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
85h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		N/A
86b Gross receipts, included on line 12, for public use of club facilities		N/A
87a 501(c)(12) organizations Enter a Gross income from members or shareholders		N/A
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
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		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b 501(c)(3) and 501(c)(4) organizations 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		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 <u>NONE</u>		
90b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)		0
91 The books are in care of <u>HABITAT FOR HUMANITY</u> Telephone number <u>985-893-3172</u> Located at <u>P O BOX 3082 COVINGTON, LA</u> ZIP + 4 <u>70434</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year		N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue					
a SALE OF HOUSES					370,220
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					4,840
95 Interest on savings & temporary cash invmnts			14	14,686	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-1,031
101 Net income or (loss) from special events					19,772
102 Gross profit or (loss) from sales of inventory			5	115,715	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				130,401	393,801
105 Total (add line 104, columns (B), (D), and (E))					524,202

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 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)
93A	SALE OF REHABILITATED HOUSES TO THE POOR
94	MEMBERSHIP DUES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(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 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)

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.

Date 8-26-2002

TREASURER

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)
Supplementary Information - (see separate instructions)

2001

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 - ST TAMMANY WEST

Employer Identification Number

72-0921695

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

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 ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

	Yes	No
1		X
2		
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note 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

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

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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total																				
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	264,485	181,097	478,217	53,602	977,401																				
16 Membership fees received	14,080	6,480	11,476		32,036																				
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	267,500	188,785	235,000		691,285																				
18 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	5,285	5,682	3,648	4,490	19,105																				
19 Net income from unrelated business activities not included in line 18																									
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf																									
21 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.																									
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 13	62,061	91,181	96,679	132,422	382,343																				
23 Total of lines 15 through 22	613,411	473,225	825,020	190,514	2,102,170																				
24 Line 23 minus line 17	345,911	284,440	590,020	190,514	1,410,885																				
25 Enter 1% of line 23	6,134	4,732	8,250	1,905																					
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for Section 509(a)(1) test. Enter line 24, column (e)</p> <p>d Add Amounts from column (e) for lines</p> <table style="display: inline-table; border: none;"> <tr> <td style="border: none;">18</td> <td style="border: none;">19,105</td> <td style="border: none;">19</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">22</td> <td style="border: none;">382,343</td> <td style="border: none;">26b</td> <td style="border: none;">47,347</td> </tr> </table> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				18	19,105	19		22	382,343	26b	47,347	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">26a</td><td style="text-align: right;">28,218</td></tr> <tr><td>26b</td><td style="text-align: right;">47,347</td></tr> <tr><td>26c</td><td style="text-align: right;">1,410,885</td></tr> <tr><td>26d</td><td style="text-align: right;">448,795</td></tr> <tr><td>26e</td><td style="text-align: right;">962,090</td></tr> <tr><td>26f</td><td style="text-align: right;">68.19 %</td></tr> </table>	26a	28,218	26b	47,347	26c	1,410,885	26d	448,795	26e	962,090	26f	68.19 %
18	19,105	19																							
22	382,343	26b	47,347																						
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26d	448,795																								
26e	962,090																								
26f	68.19 %																								
27 Organizations described on line 12 N/A	<p>a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. 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</p> <p>(2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>c Add Amounts from column (e) for lines</p> <table style="display: inline-table; border: none;"> <tr> <td style="border: none;">15</td> <td style="border: none;">_____</td> <td style="border: none;">16</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">17</td> <td style="border: none;">20</td> <td style="border: none;">21</td> <td style="border: none;">_____</td> </tr> </table> <p>d Add Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				15	_____	16	_____	17	20	21	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">27c</td><td style="text-align: right;">_____</td></tr> <tr><td>27d</td><td style="text-align: right;">_____</td></tr> <tr><td>27e</td><td style="text-align: right;">_____</td></tr> <tr><td>27f</td><td style="text-align: right;">_____</td></tr> <tr><td>27g</td><td style="text-align: right;">%</td></tr> <tr><td>27h</td><td style="text-align: right;">%</td></tr> </table>	27c	_____	27d	_____	27e	_____	27f	_____	27g	%	27h	%
15	_____	16	_____																						
17	20	21	_____																						
27c	_____																								
27d	_____																								
27e	_____																								
27f	_____																								
27g	%																								
27h	%																								
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.																									

Part V Private School Questionnaire (See 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 instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
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 –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable 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 instructions)

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

HABITAT FOR HUMANITY - ST TAMMANY WEST

Employer Identification Number

72-0921695

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule — see instructions)

General Rule —

- For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules —

- For a Section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990 990 EZ or 990 PF) but **must** check the box in the heading of their Form 990 Form 990 EZ or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization HABITAT FOR HUMANITY - ST TAMMANY WEST	Employer Identification Number 72-0921695
---	---

Part I **Contributors** (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 51,117	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2	----- ----- -----	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4	----- ----- -----	\$ 13,017	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
5	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
6	----- ----- -----	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

HABITAT FOR HUMANITY - ST TAMMANY WEST

72-0921695

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
8	----- ----- -----	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
9	----- ----- -----	\$ 125,293	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
10	----- ----- -----	\$ 30,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
11	----- ----- -----	\$ 12,600	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is noncash contribution)
	----- ----- -----	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer identification Number

HABITAT FOR HUMANITY - ST TAMMANY WEST

72-0921695

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	BUILDING PRODUCTS ----- ----- -----	\$ 125,293	2/13/01
10	BUILDING PRODUCTS-SHELVING ----- ----- -----	\$ 30,000	7/01/01
11	MOVING OF DONATED HOME ----- ----- -----	\$ 12,600	9/01/01
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----
	----- ----- -----	\$	-----

Name of Organization HABITAT FOR HUMANITY - ST TAMMANY WEST	Employer Identification Number 72-0921695
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

HABITAT FOR HUMANITY - ST. TAMMANY WEST

72-0921695

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION	2 ACRES-THELMA ESTATE		
DATE ACQUIRED	12/28/2000		
HOW ACQUIRED	DONATED		
DATE SOLD	2/09/2001		
TO WHOM SOLD	ST TAMMANY PARISH DRAINAGE ASSOC		
GROSS SALES PRICE	19,000		
COST OR OTHER BASIS	20,031		
DEPRECIATION	0		
		GAIN (LOSS)	-1,031
TOTAL GAIN (LOSS) OTHER ASSETS			<u>\$ -1,031</u>
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			<u>\$ -1,031</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI-BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
AUTUMN ENCHANTMENT	26,430	1,150	25,280	11,399	13,881
OTHER EVENTS	3,922	0	3,922	0	3,922
WOMEN'S BUILDING	1,482	0	1,482	125	1,357
ALBERTSON'S	642	0	642	30	612
TOTALS	<u>\$ 32,476</u>	<u>\$ 1,150</u>	<u>\$ 31,326</u>	<u>\$ 11,554</u>	<u>\$ 19,772</u>

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

HOME STORE/WAREHOUSE	\$ 154,197
GROSS SALES	<u>\$ 154,197</u>
LESS RETURNS & ALLOWANCES	<u>0.</u>
NET SALES	<u>\$ 154,197</u>
LESS COST OF GOODS SOLD	<u>38,482</u>
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 115,715</u>

HABITAT FOR HUMANITY - ST. TAMMANY WEST

72-0921695

STATEMENT 4
FORM 990, PART I, LINE 16
PAYMENTS TO AFFILIATES

NAME AND ADDRESS	PURPOSE OF PAYMENT	AMOUNT
HABITAT INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709		\$ 14,684
TOTAL		\$ 14,684

STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
COMPUTER SUPPLIES/REPAIR	1,114		1,114	
DIRECT CONSTRUCTION EXPENSE	368,437	368,437		
FAMILY SERVICE COORDINATION	579		579	
FUNDRAISING EXPENSE	4,523			4,523
MISCELLANEOUS	50	50		
PROFESSIONAL FEES	3,713	3,713		
TAXES & LICENSES	385	385		
VOLUNTEER COSTS	5,386	5,386		
TOTAL	\$ 384,187	\$ 377,971	\$ 1,693	\$ 4,523

STATEMENT 6
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CONSTRUCTION AND REHABILITATION OF HOUSING FOR THE POOR

STATEMENT 7
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 10,500	\$ 9,450	\$ 1,050
MACHINERY AND EQUIPMENT	7,773	5,026	2,747
BUILDINGS	43,297	10,786	32,511
LAND	195,000		195,000
TOTAL	\$ 256,570	\$ 25,262	\$ 231,308

HABITAT FOR HUMANITY - ST. TAMMANY WEST

72-0921695

**STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS**

BUILDING SUPPLIES INVENTORY	\$ 122,137
DEPOSITS	7,267
HOMES IN PROGRESS	306,782
HOMESTORE INVENTORY	51,271
MORTGAGE RECEIVABLE	1,153,883
OTHER ASSETS	<u>3,162</u>
TOTAL	\$ <u>1,644,502</u>

**STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

HOMEOWNER DEPOSITS	\$ 4,400
ROUNDING	1
SALES TAX PAYABLE	<u>1,144</u>
TOTAL	\$ <u>5,545</u>

**STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

COST OF DONATED GODDS SOLD	\$ 38,482
LOSS ON SALE OF INVESTMENT PROPERTY	<u>1,031</u>
TOTAL	\$ <u>39,513</u>

**STATEMENT 11
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

COST OF DONATED GOODS REPORTED LINE 10B	\$ 38,482
TOTAL	\$ <u>38,482</u>

**STATEMENT 12
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MAUREEN CLAY 919 N COLUMBIA ST COVINGTON, LA 70433	PRESIDENT 0	\$ 0	\$ 0	\$ 0

HABITAT FOR HUMANITY - ST. TAMMANY WEST

72-0921695

STATEMENT 12 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
PAUL CIMINO 919 N COLUMBIA ST COVINGTON, LA 70433	VICE PRESIDENT 5	\$ 0	\$ 0	\$ 0
PHYLLIS GREMILLION 919 N COLUMBIA ST COVINGTON, LA 70433	VICE PRESIDENT 5	0	0	0
MARILYN WENZEL 919 N COLUMBIA ST COVINGTON, LA 70433	VICE PRESIDENT 18	0	0	0
JEFF VAN HOUTEN 919 N COLUMBIA ST COVINGTON, LA 70433	TREASURER 2	0	0	0
BILLY TAUZIN, III 919 N COLUMBIA ST COVINGTON, LA 70433	SECRETARY 2	0	0	0
ALFREDA MOUTON 919 N COLUMBIA ST COVINGTON, LA 70433	SECRETARY 2	0	0	0
MICHAEL CONROY 919 N COLUMBIA ST COVINGTON, LA 70433	PAST PRESIDENT 1	0	0	0
JAMES R AULTMAN 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
JUDGE REGGIE BADEAUX 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
BARBARA BAHLINGER 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 2	0	0	0
PENNIE CARR 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
LILLIE MAE GORDON 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0

HABITAT FOR HUMANITY - ST. TAMMANY WEST

72-0921695

STATEMENT 12 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JUDGE LARRY GREEN 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	\$ 0	\$ 0	\$ 0
PETER LINK 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
JIM PRAMANN 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
TIMOTHY RATCLIFF 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 2	0	0	0
MARY CATHERINE REGAN 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 18	0	0	0
JAN ROBERT 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
JEFF SANDS 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
MATTIE THIGPEN 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
PIERRE VILLERE 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
MIKE YAZBECK 919 N COLUMBIA ST COVINGTON, LA 70433	DIRECTOR 1	0	0	0
ANN BORNE 919 N COLUMBIA ST COVINGTON, LA 70433	EXECUTIVE DIREC 40	53,985	0	0
TOTAL		<u>\$ 53,985</u>	<u>\$ 0</u>	<u>\$ 0</u>

HABITAT FOR HUMANITY - ST. TAMMANY WEST

72-0921695

STATEMENT 13
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
OTHER INCOME	\$ 62,061	\$ 91,181	\$ 96,679	\$ 132,422	\$ 382,343
TOTAL	<u>\$ 62,061</u>	<u>\$ 91,181</u>	<u>\$ 96,679</u>	<u>\$ 132,422</u>	<u>\$ 382,343</u>

BALANCE SHEET
OTHER (FORM 990)[O]

INVESTMENT PROPERTIES

TOTAL \$ 107,446
\$ 107,446

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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	Name of Exempt Organization HABITAT FOR HUMANITY - ST TAMMANY WEST	Employer Identification Number 72-0921695
File by the due date for filing your return See instructions	Number, Street, and Room or Suite Number If a P.O. Box, see instructions P O BOX 3082	State ZIP Code
	City, Town or Post Office For a foreign address, see instructions COVINGTON, LA 70434	

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 (Section 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 11/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 01 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

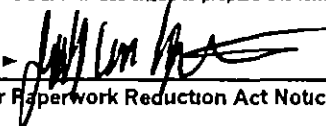
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. \$ 0

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 \$ 0

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 return, 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 ▶  Title ▶ TREASURER Date ▶ 8-26-2002

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 File by the extended due date for filing the return See instructions	Name of Exempt Organization HABITAT FOR HUMANITY - ST TAMMANY WEST	Employer Identification Number 72-0921695
	Number, Street and Room or Suite Number If a P O Box, See Instructions P O BOX 3082	For IRS Use Only
	City, Town or Post Office, State, and ZIP Code For a Foreign Address, See Instructions COVINGTON, LA 70434	

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

Form 990
 Form 990 EZ
 Form 990-T (Section 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 organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is 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 11/15, 2002
 5 For calendar year 2001, or other tax year beginning _____, 20____ and ending _____, 20____
 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 ORGANIZATION IS AWAITING FINAL AUDIT ADJUSTMENTS TO FILE AN ACCURATE RETURN

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 \$ _____
 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 \$ _____

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 Donna Marshall CPA Title _____ Date 8/15/02

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 filed 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 _____

Director _____ 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 DONNA MARSHALL, CPA, LLC
	Number and Street (include suite, room, or apartment number) or a P O Box Number 600 N HWY 190, SUITE 204
	City or Town, Province or State, and Country (including postal or ZIP code) COVINGTON, LA 70433