

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year period beginning **OCT 1, 2001** and ending **SEP 30, 2002**

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HABITAT FOR HUMANITY OF LEE COUNTY, INC.		D Employer identification number 59-2236174
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1288 NORTH TAMiami TRAIL		E Telephone number (239) 652-0434
		City or town, state or country, and ZIP + 4 NORTH FORT MYERS, FL 33903		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)		

G Web site **N/A**J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K 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.

H and I are not applicable to section 527 organizations

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? **N/A** ☐ Yes ☐ No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **5,769,613.**

I Enter 4-digit GEN **▶**

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	2,942,737.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	400,309.	
d	Total (add lines 1a through 1c) (cash \$ 3,079,720. noncash \$ 263,326.)	1d		3,343,046.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,059,256.
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		6,963.
5	Dividends and interest from securities	5		
6 a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶)	7		
8 a	Gross amount from sale 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 (not including \$ _____ of contributions reported on line 1a)	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		
10 a	Gross sales of inventory, less returns and allowances	10a	360,348.	
b	Less: cost of goods sold	10b	277,012.	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1	83,336.
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,492,601.
13	Program services (from line 44, column (B))	13		2,491,592.
14	Management and general (from line 44, column (C))	14		188,198.
15	Fundraising (from line 44, column (D))	15		194,388.
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 13 and 14, column (A))	17		2,874,178.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		2,618,423.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		9,671,176.
20	Other changes in net assets or fund balances (attach explanation)	20		0.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		12,289,599.

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01-04-02

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

SCANNED MAR 04 2003

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 (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26	92,137.	92,137.	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	5,741.	5,741.	
32	Legal fees	32			
33	Supplies	33	20,645.	20,645.	
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	10,286.	10,286.	
42	Depreciation, depletion, etc (attach schedule)	42	81,955.	65,326.	14,966.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e	2,663,414.	2,426,266.	44,423.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	2,874,178.	2,491,592.	188,198.

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? ▶

TO PROVIDE AFFORDABLE HOUSING

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.)

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)
a	HABITAT FOR HUMANITY IS DEDICATED TO PROVIDING HOUSING FOR FAMILIES WHO CANNOT OTHERWISE AFFORD A DECENT PLACE TO LIVE	
	(Grants and allocations \$ _____)	2,491,592.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44 column (B), Program services)	2,491,592.

Part IV Balance Sheets

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	
Assets	45 Cash - non-interest-bearing	643,058.	45	396,786.	
	46 Savings and temporary cash investments	16,969.	46	228,923.	
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a 9,305,830.			
	b Less allowance for doubtful accounts	51b	51c	9,305,830.	
	52 Inventories for sale or use	164,387.	52	71,413.	
	53 Prepaid expenses and deferred charges	12,105.	53	2,028.	
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments - land, buildings, and equipment basis	55a			
	b Less accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 3	2,437,739.	56	3,858,959.	
57 a Land, buildings, and equipment basis	57a 3,484,087.				
b Less accumulated depreciation	57b 222,413.	2,667,920.	57c	3,261,674.	
58 Other assets (describe ►)		58			
59 Total assets (add lines 45 through 58) (must equal line 74)	13,797,164.	59	17,125,613.		
Liabilities	60 Accounts payable and accrued expenses	53,256.	60	90,765.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	STMT 4	1,000,000.	64b	1,219,854.
	65 Other liabilities (describe ►)	SEE STATEMENT 5	3,072,732.	65	3,525,395.
66 Total liabilities (add lines 60 through 65)	4,125,988.	66	4,836,014.		
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	9,671,176.	67	12,289,599.	
	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 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	9,671,176.	73	12,289,599.	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	13,797,164.	74	17,125,613.	

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 VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

93 Program service revenue

a LOW COST HOUSING

b

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

96 Dividends and 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 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

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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 32.)

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 HABITAT PROVIDES HOUSING FOR FAMILIES WHO CANNOT OTHERWISE AFFORD A DECENT PLACE TO LIVE

102 PROVIDED TO ASSIST LOW-INCOME FAMILIES MOVING INTO HABITAT HOMES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(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 33.)

(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)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. I am not providing any information of which preparer has any knowledge.

2/14/03

Date

Charles K. Idelson chm

Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2001

Name of the organization

HABITAT FOR HUMANITY OF LEE COUNTY, INC.

Employer identification number

59 2236174

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BARBARA BECK	VP DEVELOP			
	AS REQUIRED	55,702.		
JERRY GIBSON	VP CONSTRUCT			
	AS REQUIRED	59,737.		
RICHARD SCOTT	CONSTR MGR			
	AS REQUIRED	52,978.		
Total number of other employees paid over \$50,000 ►		0		

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ►		0

Part III Statements About Activities (See page 2 of the instructions)

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

1 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?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

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

2d X

e Transfer of any part of its income or assets?

2e X

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

3 X

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

4 X

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 pages 3 through 6 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.)
- 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 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 6 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 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.)	2,150,605.	2,519,052.	2,811,072.	1,771,949.	9,252,678.
16 Membership fees received					
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	3,382,078.	3,348,289.	1,498,870.	1,778,547.	10,007,784.
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	14,604.			3,000.	17,604.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a 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.					
23 Total of lines 15 through 22	5,547,287.	5,867,341.	4,309,942.	3,553,496.	19,278,066.
24 Line 23 minus line 17	2,165,209.	2,519,052.	2,811,072.	1,774,949.	9,270,282.
25 Enter 1% of line 23	55,473.	58,673.	43,099.	35,535.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					185,406.
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.					592,668.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					9,270,282.
d Add: Amounts from column (e) for lines 18 <u>17,604.</u> 19 <u>3,000.</u>					610,272.
22 <u>55,473.</u> 26b <u>592,668.</u>					8,660,010.
e Public support (line 26c minus line 26d total)					93.4169%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: 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: N/A	(2000)	(1999)	(1998)	(1997)	
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: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u>					27c N/A
17 <u> </u> 20 <u> </u> 21 <u> </u>					27d N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e): N/A					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?

Yes No

29

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?

30

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?

31

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?

32a**32b****32c****32d**

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?

33a**33b****33c****33d****33e****33f****33g****33h**

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

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

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ If the organization belongs to an affiliated groupCheck ☐ 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

N/A

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 -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

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 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the 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)

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

Yes	No	Amount
		0.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	360,348	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		360,348
4. COST OF GOODS SOLD (LINE 13)	277,012	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		83,336

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	164,387	
7. MERCHANDISE PURCHASED	184,038	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		348,425
12. INVENTORY AT END OF YEAR	71,413	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		277,012

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	11,513.		11,513.		
HABITAT INTL TITHE ON MORT RECEIPTS	86,488.	86,488.			
UTILITIES	25,299.		25,299.		
PUBLICITY	192,725.			192,725.	
MISCELLANEOUS	16,660.	9,049.	7,611.		
CONSTRUCTION EXPENSE	1,872,156.	1,872,156.			
LOSS ON MORTGAGE RECEIVABLES	26,981.	26,981.			
VOLUNTEER DEPARTMENT	142,693.	142,693.			
FAMILY SERVICES DEPARTMENT	80,242.	80,242.			
OTHER DIRECT COSTS	208,657.	208,657.			
TOTAL TO FM 990, LN 43	2,663,414.	2,426,266.	44,423.	192,725.	

FORM 990	OTHER INVESTMENTS		STATEMENT	3
DESCRIPTION	VALUATION METHOD	AMOUNT		
LAND HELD FOR HOMESITES	COST	1,623,687.		
CONSTRUCTION IN PROGRESS	COST	777,516.		
HOMES COMPLETED PENDING CLOSING	COST	1,360,752.		
CHARITABLE ANNUITY ACCOUNTS	COST	97,004.		
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		3,858,959.		

FORM 990	MORTGAGES PAYABLE	STATEMENT	4
DESCRIPTION	BALANCE DUE		
SUNTRUST BANK	1,219,854.		
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,219,854.		

FORM 990	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	AMOUNT
ESCROW ACCOUNTS PAYABLE	38,578.
RESERVES FOR SECOND MORTGAGES	3,202,171.
ANNUITIES PAYABLE	126,779.
MORTGAGE SERVICE PAYABLE	157,867.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	3,525,395.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION	AMOUNT
LOSS ON SALE OF MORTGAGES RECEIVABLE	<26,981.>
TOTAL TO FORM 990, PART IV-A	<26,981.>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
COST OF FURNITURE SALES NETTED IN REVENUES ON 990	277,012.
TOTAL TO FORM 990, PART IV-B	277,012.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
COST OF FURNITURE SALES INCLUDED IN EXPENSES ON FINL STATEMENT	<277,012.>
TOTAL TO FORM 990, PART IV-A	<277,012.>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
LOSS ON SALE OF MORTGAGES NETTED IN REVENUES ON 990	26,981.
TOTAL TO FORM 990, PART IV-B	26,981.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ADAMS, JAMES R. FORT MYERS, FL	2	0.	0.	0.
ARCHIBALD, VERNON E. CAPE CORAL, FL	PRES, EXEC DIR 40	74,984.	0.	0.
BARWICK, JEFF FORT MYERS, FL	2	0.	0.	0.
BLEVINS, WILLIAM FORT MYERS, FL	2	0.	0.	0.
BROWNELL, ROGER E. FORT MYERS, FL	2	0.	0.	0.
CHRISTOPHER, MICHAEL J. FORT MYERS, FL	2	0.	0.	0.
FERNANDEZ, MIGUEL C., III FORT MYERS, FL	2	0.	0.	0.
GREEN, WILLIE B. FORT MYERS, FL	2	0.	0.	0.

HABITAT FOR HUMANITY OF LEE COUNTY, INC.

59-2236174

HERMANN, FRANCES. E.	2	0.	0.	0.
FORT MYERS, FL				
HOUSER, SHIRLEY	2	0.	0.	0.
FORT MYERS, FL				
IDELSON, CHARLES K.	CHAIRMAN			
FORT MYERS, FL	2	0.	0.	0.
KOLLER, JANIS	2	0.	0.	0.
FORT MYERS, FL				
LIVINGSTON, RALPH	2	0.	0.	0.
FORT MYERS, FL				
LIVINGSTON, WILLIAM I., SR.	2	0.	0.	0.
LEHIGH ACRES, FL				
MILLER, T. WAYNE	2	0.	0.	0.
NORTH FORT MYERS, FL				
NOAH, DENNIS	2	0.	0.	0.
FORT MYERS, FL				
PARKER, DIANA M.	SECRETARY			
FORT MYERS, FL	2	0.	0.	0.
REECE, HARRIET	2	0.	0.	0.
FORT MYERS, FL				
SEXTON, JAMES	TREASURER			
FORT MYERS, FL	2	0.	0.	0.
SHERA, RICHARD H., JR.	2	0.	0.	0.
FORT MYERS, FL				
SHIMP, STEVEN C.	2	0.	0.	0.
FORT MYERS, FL				

HABITAT FOR HUMANITY OF LEE COUNTY, INC.

59-2236174

VARGO, MIKE	2	0.	0.	0.
SANIBEL, FL				
WIGLEY, ROBERT J.	2	0.	0.	0.
SANIBEL, FL				
ZORN, BURL	2	0.	0.	0.
CLEWISTON, FL				
TOTALS INCLUDED ON FORM 990, PART V		<u>74,984.</u>	<u>0.</u>	<u>0.</u>

4562

Depreciation and Amortization
(Including Information on Listed Property) **990**

▶ See separate instructions. ▶ Attach to your tax return

OMB No 1545-0172

2001

Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

HABITAT FOR HUMANITY OF LEE COUNTY, INC. FORM 990 PAGE 2

59-2236174

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	24,000.
2	Total cost of section 179 property placed in service (see instructions)	100,102.
3	Threshold cost of section 179 property before reduction in limitation	\$200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0	0.
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions	24,000.
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property Enter amount from line 29	24,000.
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	24,000.
9	Tentative deduction Enter the smaller of line 5 or line 8	24,000.
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	24,000.
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	
15	Property subject to section 168(f)(1) election (see instructions)	
16	Other depreciation (including ACRS) (see instructions)	66,418.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2001	2,972.
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

(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
19a 3-year property		4,756.	3		SL	264.
b 5-year property		69,247.	4		SL	6,638.
c 7-year property		10,844.	7		SL	1,041.
d 10-year property		15,255.	10		SL	995.
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	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/	575,694.	39 yrs	MM	S/L	3,627.
	/			MM	S/L	

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year	/		40 yrs	MM	S/L

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instr	81,955.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

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	Name of Exempt Organization	Employer identification number
	HABITAT FOR HUMANITY OF LEE COUNTY, INC.	59-2236174
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions	
	1288 NORTH TAMiami TRAIL	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NORTH FORT MYERS, FL 33903	

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 MAY 15, 2003 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 OCT 1, 2001 and ending SEP 30, 2002.

- 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 \$ _____ N/A

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  Title ▶ CPA

Date ▶ 2-13-03

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)