

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)

2001

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 7/01/01, and ending 6/30/02

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

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

C Name of organization: HABITAT FOR HUMANITY IN SEMINOLE COUNTY, FLORIDA, INC.
Number and street (or P O box if mail is not delivered to street address): 2910 SOUTH ORLANDO DRIVE
City or town, state or country, and ZIP + 4: SANFORD FL 32773

D Employer ID number: 59-3034059
E Telephone number: 407-328-9717
F Accounting method: [] Cash [X] Accrual [] 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)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If 'Yes,' enter no. of affiliates: [] N/A
H(c) Are all affiliates included? [X] N/A [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

G Web site

J Organization type (check only one): [X] 501(c) (3) < (insert no) [] 4947(a)(1) or [] 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 667,651
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 (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sub-rows for contributions, program revenue, special events, and expenses.

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Part I Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

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 [X] 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 II Statement of Program Service Accomplishments (See Specific Instructions on page 24)

Table with 2 columns: Description, Program Service Expenses. Row a: THE ORGANIZATION CONSTRUCTED AND TRANSFERRED 3 HOMES TO NEEDY PERSONS DURING THE YEAR. SINCE INCEPTION IN 1991 THE ORGANIZATION HAS CONSTRUCTED/TRANSFERRED 48 HOMES. (Grants and allocations \$) 211,442
Row b: (Grants and allocations \$)
Row c: (Grants and allocations \$)
Row d: (Grants and allocations \$)
Row e: Other program services (attach schedule) (Grants and allocations \$)
Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 211,442

Part IV Balance Sheets (See Specific Instructions on page 24)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
45	Cash-non-interest-bearing	702	45 785
46	Savings and temporary cash investments	216,835	46 137,520
47a	Accounts receivable	47a	
b	Less allowance for doubtful accounts	47b	47c
48a	Pledges receivable	48a	
b	Less allowance for doubtful accounts	48b	48c
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	51a 793,996	
b	Less allowance for doubtful accounts	51b	51c 793,996
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges	13,931	53 11,601
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55a	Investments-land, buildings, and equipment basis	55a	
b	Less accumulated depreciation (attach schedule)	55b	55c
56	Investments-other (attach schedule)		56
57a	Land, buildings, and equipment basis	57a 911,628	
b	Less accumulated depreciation (attach schedule) SEE STMT 5	57b 50,951	57c 860,677
58	Other assets (describe SEE STMT 6)		58 102,402
59	Total assets (add lines 45 through 58) (must equal line 74)	1,597,120	59 1,906,981
60	Accounts payable and accrued expenses	170,219	60 13,985
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	331,326	64b 623,616
65	Other liabilities (describe SEE STMT 7)	236	65 987
66	Total liabilities (add lines 60 through 65)	501,781	66 638,588
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	1,090,793	67 1,218,860
68	Temporarily restricted	4,546	68 49,533
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)	1,095,339	73 1,268,393
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,597,120	74 1,906,981

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.
DAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a	Total revenue, gains, and other support per audited financial statements	a	667,418
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) SEE STMT 8 \$ 193,463		
	Add amounts on lines (1) through (4)	b	193,463
c	Line a minus line b	c	473,955
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	473,955

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	494,364
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) SEE STMT 9 \$ 193,463		
	Add amounts on lines (1) through (4)	b	193,463
c	Line a minus line b	c	300,901
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	300,901

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NANCY DEPEW SAME	EXEC. DIR 40.	12,748	0	0
HELENE FUNK SAME	EXEC. DIR 40.	21,269	0	0
COLIN GALLOWAY 395 BRASSIE DR. LONGWOOD, FL	PRESIDENT AS NEEDED	0	0	0
PAT BROWN 172 US HWY 17-92 LONGWOOD, FL	1ST VP AS NEEDED	0	0	0
ROSE HARKEY 680 RIVER OAKS DR. OSTEEN, FL	2ND VP AS NEEDED	0	0	0
BOB SAUNDERS 1010 LINGO CIRCLE OVIEDO, FL	SECRETARY AS NEEDED	0	0	0
JESSE GRAHAM, JR. P.O. BOX 1690 WINTER PARK, FL	BD MEMBER AS NEEDED	0	0	0
MICHAEL LONG 601 WEBSTER, ALTAMONTE SPRINGS, FL	BD MEMBER AS NEEDED	0	0	0
WILLIAM REHRER 353 GOLF CT. SANFORD FL	BD MEMBER AS NEEDED	0	0	0
EZRA ST. CLAIR 3238 HUNTER COURT APOPKA, FL	BD MEMBER AS NEEDED	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule-see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)		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 inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
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
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr		
b	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
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)		
91	The books are in care of <input type="checkbox"/> HELENE FUNK, EXE. DIR. Located at <input type="checkbox"/> 2910 S ORLANDO DR., SANFORD, FL Telephone no <input type="checkbox"/> 407-328-9717 ZIP + 4 <input type="checkbox"/> 32773		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

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

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a TRANSFERS TO HOMEOWNERS					66,483
b AMORTIZATION OF MTG INTEREST					61,835
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,700	
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			1	27,720	
102 Gross profit or (loss) from sales of inventory			5	63,275	
103 Other revenue					
a					
b MISCELLANEOUS INCOME			1	8,488	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	102,183	128,318
105 Total (add line 104, columns (B), (D), and (E))					230,501

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 FOR HUMANITY PROVIDES HOMES FOR INDIVIDUALS IN NEED. A NON-INTEREST BEARING MORTGAGE IS GIVEN TO THOSE INDIVIDUALS WHO BECOME HABITAT HOMEOWNERS. IN ADDITION, SEE STATEMENT 10

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)

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge (than officer) is based on all information of which preparer has any knowledge

1/10/21/02
Date

Executive Director

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

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 IN SEMINOLE
COUNTY, FLORIDA, INC.**

Employer identification number

59-3034059

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 ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

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

(See page 2 of the instr 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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

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

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying, organizational acts, grants, and annuity plans. Includes a 'SEE STMT 11' reference.

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)(v) (Also complete the Support Schedule in Part IV-A)
11b A community trust Section 170(b)(1)(A)(v) (Also complete the Support Schedule in Part IV-A)
12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (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.)	124,457	250,141	114,474	121,355	610,427
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	315,446	415,015	249,758	218,936	1,199,155
18 Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	14,266	8,858	7,202	5,726	36,052
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & ether paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge. Do not incl the value of serv or fac generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap assets. STMT 12	3,186	2,534	1,318	571	7,609
23 Total of lines 15 through 22	457,355	676,548	372,752	346,588	1,853,243
24 Line 23 minus line 17	141,909	261,533	122,994	127,652	654,088
25 Enter 1% of line 23	4,574	6,765	3,728	3,466	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶ 26a	
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.		▶ 26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		▶ 26c	
d Add Amounts from column (e) for lines	18 _____ 19 _____	▶ 26d	
	22 _____ 26b _____	▶ 26e	
e Public support (line 26c minus line 26d total)		▶ 26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶ 26f	%

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.	(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.	(2000)	(1999)	(1998)	(1997)	
c Add Amounts from column (e) for lines	15 <u>610,427</u> 16 _____	17 <u>1,199,155</u> 20 _____	21 _____	▶ 27c	1,809,582
d Add Line 27a total _____ and line 27b total _____				▶ 27d	
e Public support (line 27c total minus line 27d total)				▶ 27e	1,809,582
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				▶ 27f	1,853,243
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶ 27g	97.6441%
h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶ 27h	1.9453%

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 VI Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with columns: Question, N/A, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, record keeping, and financial aid.

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the 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)

Table with columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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

Table for 4-Year Averaging Period with columns for years 2001, 2000, 1999, 1998, and Total. Rows 45-50 detailing nontaxable and ceiling amounts.

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 instr)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

Table with columns Yes, No, and Amount for reporting lobbying activity.

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

Part VI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The first row contains 'N/A' in column (a).

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (No is checked)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The first row contains 'N/A' in column (a).

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 IN SEMINOLE
COUNTY, FLORIDA, INC.**

Employer identification number

59-3034059

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

 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 they 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)

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

Name of organization

HABITAT FOR HUMANITY IN SEMINOLE

Employer identification number

59-3034059

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 7,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ 8,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

HABITAT FOR HUMANITY IN SEMINOLE

Employer identification number

59-3034059

Part Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>8</u>		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>9</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>10</u>		\$ 24,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>11</u>		\$ 6,732	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

HABITAT FOR HUMANITY IN SEMINOLE COUNTY, FLORIDA, INC.
EIN: 59-3034059
FYE 6/30/02

FORM 990, PART IV, LINE 51a (MORTGAGES RECEIVABLE):

Mortgages receivable consists entirely of non-interest bearing first mortgage notes secured by residential real estate payable in monthly installments with maturities ranging from ten to twenty years. These mortgages are originated through the Organization's home building program. The amounts presented in the balance sheets are net of unamortized discounts arising from imputed interest as follows:

First mortgages receivable (remaining face value)	\$ 1,050,576
Less Unamortized discounts (8% imputed interest)	<u>(479,675)</u>
Balance as of 6/30/99	<u>\$ 570,901</u>
First mortgages receivable (remaining face value)	\$ 1,235,761
Less Unamortized discounts (8% imputed interest)	<u>(563,506)</u>
Balance as of 6/30/00	<u>\$ 672,255</u>
First mortgages receivable (remaining face value)	\$ 1,346,699
Less Unamortized discounts (8% imputed interest)	<u>(597,415)</u>
Balance as of 6/30/01	<u>\$ 749,284</u>
First mortgages receivable (remaining face value)	\$ 1,404,467
Less Unamortized discounts (8% imputed interest)	<u>(610,491)</u>
Balance as of 6/30/02	<u>\$ 793,996</u>

Statement 1 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
THRIFT SHOP	\$ 249,063	\$ 185,788	\$ 63,275
TOTAL	<u>\$ 249,063</u>	<u>\$ 185,788</u>	<u>\$ 63,275</u>

Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates

<u>Name</u>	<u>Amount</u>	<u>Address</u>	<u>Purpose</u>
HABITAT FOR HUMANITY INT'L.		121 HABITAT ST. AMAERICUS, GA	
	\$ 5,109	QUARTERLY TITHE	
TOTAL	<u>\$ 5,109</u>		

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund-Raising</u>
	\$	\$	\$	\$
EXPENSES				
CONSTRUCTION COSTS	133,118	133,118		
HOMEOWNER COSTS	9,964	9,964		
INSURANCE	10,658	6,409	4,249	
VEHICLE EXPENSE	1,185	1,185		
MISCELLANEOUS EXPENSE	6,805	5,516	215	1,074
TOTAL	<u>\$ 161,730</u>	<u>\$ 156,192</u>	<u>\$ 4,464</u>	<u>\$ 1,074</u>

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

CREATE DECENT, AFFORDABLE HOUSING FOR THOSE IN NEED
AND TO MAKE DECENT SHELTER A MATTER OF CONSCIENCE WITH
PEOPLE EVERYWHERE.

Federal Statements

FYE 6/30/2002

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
BUILDING PLANNING COSTS	\$	\$	\$	\$
ADMINISTRATIVE EQUIPMENT	11,906		10,774	
THRIFT SHOP EQUIPMENT	2,389		5,233	
ADMINISTRATIVE VEHICLE	3,425		3,425	
THRIFT SHOP VEHICLE	18,100		18,100	
TOTAL ADMINISTRATIVE ACCUM DEP		12,754		12,040
TOTAL THRIFT SHOP ACCUM DEP		20,479		38,911
BUILDING	412,701		804,036	
LAND FOR DEVELOPMENT	66,907		70,060	
LAND FOR FUTURE BUILDING	133,128			
TOTAL	<u>\$ 648,556</u>	<u>\$ 33,233</u>	<u>\$ 911,628</u>	<u>\$ 50,951</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CONSTRUCTION IN PROCESS	\$	\$ 102,402
TOTAL	<u>\$ 0</u>	<u>\$ 102,402</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ESCROW DEPOSITS	\$ 236	\$ 987
TOTAL	<u>\$ 236</u>	<u>\$ 987</u>

Federal Statements

FYE 6/30/2002

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

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS EXPENSES	\$ 7,675
COST OF THRIFT SHOP SALES	185,788
TOTAL	<u>\$ 193,463</u>

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

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS EXPENSES	\$ 7,675
COST OF THRIFT SHOP SALES	185,788
TOTAL	<u>\$ 193,463</u>

Federal Statements

Statement 10 - Form 990, Part VIII - Relationship of Activities

Line No

Description

HABITAT REQUIRES THAT THE RECIPIENT FAMILIES WORK TOWARD THEIR HOMES BY INVESTING "SWEAT EQUITY" HOURS (ASSISTING HABITAT IN BUILDING HOMES FOR OTHERS AND THEIR OWN HOMES).

2363 HABITAT FOR HUMANITY IN SEMINOLE

59-3034059

FYE 6/30/2002

Federal Statements

Statement 11 - Schedule A, Part III, Question 2d - Payment of Compensation

SEE FORM 990, PART V

2363 HABITAT FOR HUMANITY IN SEMINOLE

59-3034059

FYE 6/30/2002

Federal Statements

Statement 12 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
	\$ <u>3,186</u>	\$ <u>2,534</u>	\$ <u>1,318</u>	\$ <u>571</u>
TOTAL	\$ <u>3,186</u>	\$ <u>2,534</u>	\$ <u>1,318</u>	\$ <u>571</u>