

Return of Organization Exempt from Income Tax

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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 beginning Jul 1, 2001, and ending Jun 30, 2002

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

C Name of organization: HABITAT FOR HUMANITY OF GREATER MEMPHIS. Number street (or P O box if mail is not delivered to street addr) Room/suite: 169 SCOTT STREET. City Town or Country: MEMPHIS. State ZIP code + 4: TN 38112

D Employer Identification Number: 62-1157233. E Telephone number: (901) 761-4771. 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 [ ] No [X]. H (b) If yes enter number of affiliates. H (c) Are all affiliates included? 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: 1,353,774

I Enter 4-digit group GEN. M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Net sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

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	736,617	736,617	
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	0	0	0
26	Other salaries and wages	26	337,011	81,072	182,187
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	31,387	5,020	20,339
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	38,570	12,914	19,431
34	Telephone	34	10,238	0	9,316
35	Postage and shipping	35	7,152	0	5,997
36	Occupancy	36	24,298	0	24,298
37	Equipment rental and maintenance	37	45	45	0
38	Printing and publications	38	2,292	56	1,721
39	Travel	39	7,837	0	7,220
40	Conferences, conventions and meetings	40			
41	Interest	41	11,993	0	11,993
42	Depreciation, depletion, etc (attach schedule)	42	11,086	0	11,086
43	Other expenses not covered above (itemize)				
a	VEHICLE EXPENSE	43a	6,861	2,885	0
b	CONTRACT LABOR	43b	1,666	378	925
c	TAXES	43c	9,049	9,009	40
d	ADVERTISING & PROMO	43d	3,756	0	2,466
e	See Other Expenses Stmt	43e	142,576	116,962	15,115
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,382,434	964,958	312,134

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? BUILDING HOMES FOR LOW INCOME FAMILIES  
 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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)

a	CONSTRUCTION OF HOMES FOR LOW INCOME FAMILIES ----- ----- ----- (Grants and allocations \$ _____ )	877,230
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)	877,230

**Part IV Balance Sheets** (See instructions)

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash -- non-interest bearing	39,693	45	82,850
	46 Savings and temporary cash investments	157,218	46	194,420
	47a Accounts receivable	47a 2,932,981		
	b Less allowance for doubtful accounts	47b	47c	2,932,981
	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 & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	7,210	52	7,210
	53 Prepaid expenses and deferred charges	3,976	53	10,170
	54 Investments -- securities (attach schedule)	22,353	54	21,107
	55a Investments -- land, buildings, & equipment basis	55a		
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments -- other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 106,499			
b Less accumulated depreciation (attach schedule)	57b 72,725	57c	33,774	
58 Other assets (describe ► CONSTRUCTION IN PROCESS )	532,159	58	415,447	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	3,520,816	59	3,697,959	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	28,389	60	15,676
	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)	211,904	64b	426,748
	65 Other liabilities (describe ► See Line 65 Stmt )	163,233	65	166,905
66 <b>Total liabilities</b> (add lines 60 through 65)	403,526	66	609,329	
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,551,538	67	2,603,030
	68 Temporarily restricted	565,752	68	485,600
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)	3,117,290	73	3,088,630
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	3,520,816	74	3,697,959

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.

BAA



**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?		
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 ▶ <u>HABITAT FOR HUMANITY, AMERICUS, GA</u>			
and check whether it is <input type="checkbox"/> exempt or <input checked="" 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	
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.)			
82b			
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
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
84b			
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		
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.			
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		
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?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a			
86b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a			
87b	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 ▶ <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 ▶ <u>0</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0</u>			
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)		10
91	The books are in care of ▶ <u>DWAYNE SPENCER</u> Telephone number ▶ <u>(901) 761-4771</u> Located at ▶ <u>169 SCOTT STREET MEMPHIS</u> TN ZIP + 4 ▶ <u>38112</u>		
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 ▶ <u>92</u>		

**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					443 059
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	7,032	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property			16	1,210	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b AMORTIZATION OF MTG DISCOUNTS					155 405
c OTHER			1	13,805	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				22 047	598,464
105 Total (add line 104, columns (B) (D), and (E))					620,511

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	PROVIDES HOUSING FOR LOW INCOME FAMILIES
103B	IMPUTED INTEREST RECOGNIZED ON MORTGAGES FROM HOME SALES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

(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
	%			
	%			
	%			
	%			

**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

Please **Dwayne Spencer** Date **12-17-03**  
**Executive Director**

Date	Check if self	Preparer's SSN or PTIN (see General Instruction W)
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**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)**

**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 GREATER MEMPHIS

Employer Identification Number

62-1157233

**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 ▶

None

**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 ▶

None

**Part III** Statements About Activities (See instructions )

	Yes	No
<p>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 )</p> <p>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</p>		X
<p>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 )</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods services or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships student loans, etc? (See Note below )</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X
<p><b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>		

**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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	737,170	885,213	665,176	721,389	3,008,948
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	458,364	380,578	582,571	231,854	1,653,367
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	169,277	215,737	166,502	180,713	732,229
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	1,364,811	1,481,528	1,414,249	1,133,956	5,394,544
<b>24</b> Line 23 minus line 17	906,447	1,100,950	831,678	902,102	3,741,177
<b>25</b> Enter 1% of line 23	13,648	14,815	14,142	11,340	
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24				26a 74,824
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 3,741,177
d Add: Amounts from column (e) for lines 18 732,229 19 _____ 22 _____ 26b _____					26d 732,229
e Public support (line 26c minus line 26d total)					26e 3,008,948
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.43%
<b>27 Organizations described on line 12.</b>					
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 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
<b>28 Unusual Grants</b> 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
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes, please describe, if 'No, please explain (If you need more space attach a separate statement ) ----- ----- -----		
<b>32 a</b>	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>32 b</b>	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>32 c</b>	c Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>32 d</b>	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 ) ----- -----		
<b>33 a</b>	Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		
<b>33 b</b>	b Admissions policies?		
<b>33 c</b>	c Employment of faculty or administrative staff?		
<b>33 d</b>	d Scholarships or other financial assistance?		
<b>33 e</b>	e Educational policies?		
<b>33 f</b>	f Use of facilities?		
<b>33 g</b>	g Athletic programs?		
<b>33 h</b>	h Other extracurricular activities?  If you answered 'Yes' to any of the above please explain (If you need more space attach a separate statement ) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>34 b</b>	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50 1975 2 C B 587, covering racial nondiscrimination? If 'No' attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See 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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term 'expenditures' means amounts paid or incurred )															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table –	<b>41</b>													
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is –</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is –</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>				<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>													
<b>Caution</b> 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
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

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

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

- 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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



Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
INSURANCE	41,346	7,405	28,975	4,966
DUES & SUBSCRIPTIONS	2,750	760	1,887	103
NEWSLETTER	4,544	0	4,544	0
TRAINING & WORKSHOPS	2,464	0	2,464	0
UTILITIES	15,019	1,905	10,907	2,207
MISCELLANEOUS	19,348	11,144	6,917	1,287
MAINTENANCE/REPAIRS	21,533	6,995	14,401	137
PROFESSIONAL FEES	35,572	1,025	32,748	1,799
INDIRECT COST ALLOCATION	0	87,728	-87,728	0
<b>Total</b>	<b>142,576</b>	<b>116,962</b>	<b>15,115</b>	<b>10,499</b>

Form 990 Page 3, Part IV, Line 65

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
ESCROW ACCOUNTS	160,984	166,188
SALES TAX	1,795	
ACCRUED INTEREST	454	639
ACCRUED & WITHHELD PAYROLL TAX		78
<b>Total</b>	<b>163,233</b>	<b>166,905</b>

**HABITAT FOR HUMANITY OF GREATER MEMPHIS, INC.**  
**2001—2002 BOARD OF DIRECTORS**

---

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

---

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Committee(s)    Family Services, ReStore Class of 2004

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Vice President of Public Policy  
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Board Treasurer

Class of 2001  
**OFFICER**

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Director/Producer  
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Memphis, TN 38112

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WILLIAMS-MALEY, Lee Ann h 737-1421  
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---

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Committee(s) Development (Co-Chair), Family Services

Class of 2001

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### EX-OFFICIO BOARD MEMBERS

(Ex-officio = non-voting positions)

---

ANSCHUTZ, Jessica  
245 N Avalon  
Memphis, TN 38112  
Community Service Coordinator - RHODES College  
Campus Habitat Chapter  
Community Services Office  
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Committee(s) Volunteer, Rhodes College Chapter (Chair)

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w: 761-3232

Committee(s) Collierville Chapter (Co-Chair)

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BRIDGES, Jane  
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Methodist Nursing Library  
Manager of Educational Resources  
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e-mail

Committee(s) Endowment Fund (Chair)

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ELLIOTT, TERRA  
Junior League of Memphis  
2686 Central Terrace  
Memphis, TN 38111

(DOES NOT ATTEND MEETINGS)

Committee(s) Junior League Project

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h 754-6873

e-mail [rmoores@midsothrr.com](mailto:rmoores@midsothrr.com)

Committee(s) Construction, ReStore (Co-Chair), Site Selection (Co-Chair), Personnel

---

PRITCHARD, Mary  
Junior League of Memphis  
2686 Central Terrace  
Memphis-38111-4407

**(DOES NOT ATTEND MEETINGS)**

Committee(s) Junior League Project

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# 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 File by the due date for filing your return See instructions	Name of Exempt Organization	Employer Identification Number
	HABITAT FOR HUMANITY OF GREATER MEMPHIS	62-1157233
	Number Street and Room or Suite Number if a P O Box see instructions	
	169 SCOTT STREET	
	City Town or Post Office For a foreign address see instructions	State ZIP Code
	MEMPHIS	TN 38112

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 Feb 18, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20\_\_ or
- tax year beginning Jul 1, 20 01, and ending Jun 30, 20 02

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

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

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

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

### Signature and Verification

Under penalties of perjury I declare that I have examined this 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 Neil P. Deween Title CPA Date 11/8/02

BAA For Paperwork Reduction Act Notice, see instructions.