

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

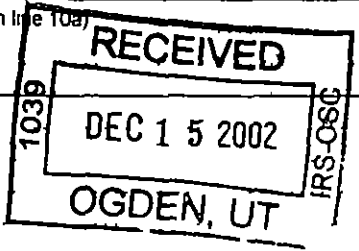
A For the 2001 calendar year, or tax year beginning 7/01/01, and ending 6/30/02
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending
C Name of organization: INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.
D Employer ID number: 65-0230079
E Telephone number: 772-562-9860
F Accounting method: Accrual

G Web site
J Organization type: 501(c)(3)
K Check here if the organization's gross receipts are normally not more than \$25,000
L Gross receipts: 1,627,428
M Check if the organization is not required to attach Sch B

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

Table with 21 rows and 3 columns. Rows include: 1 Contributions, 2 Program service revenue, 3 Membership dues, 4 Interest on savings, 5 Dividends, 6a-6c Gross rents, 7 Other investment income, 8a-8d Sales of assets, 9 Special events, 10a-10c Gross sales of inventory, 11 Other revenue, 12 Total revenue, 13-17 Expenses, 18-21 Net assets.

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Part II Statement of Functional Expenses

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

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) STMT 2 (cash \$ <u>7,025</u> non-cash \$)	22 7,025	7,025		
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26 198,861	115,769	52,586	30,506
27 Pension plan contributions	27			
28 Other employee benefits	28 19,908	13,376	4,340	2,192
29 Payroll taxes	29 15,213	8,856	4,023	2,334
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 8,926	7,110	1,322	494
34 Telephone	34 10,058	9,089	646	323
35 Postage and shipping	35			
36 Occupancy	36 35,624	32,458	2,580	586
37 Equipment rental and maintenance	37			
38 Printing and publications	38 20,561	2,040	381	18,140
39 Travel	39 2,747	2,639		108
40 Conferences, conventions, and meetings	40			
41 Interest	41 9,813	7,725	1,220	868
42 Depreciation, depletion, etc (att sch)	42 9,551		9,551	
43 Other expenses not covered above (itemize) a	43a			
b SEE STATEMENT 3	43b 900,147	867,249	19,605	13,293
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,238,434	1,073,336	96,254	68,844

Joint Costs Check if you are following SOP 98-2

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

Yes No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____
(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose?

LOW INCOME 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.)

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

a IRC HABITAT FOR HUMANITY BUILDS AND SELLS HOUSES TO LOW INCOME FAMILIES ON A NO-PROFIT, NO INTEREST LOAN BASIS.

(Grants and allocations \$) 1,073,336

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)

1,073,336

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	694,769	45 324,117
46	Savings and temporary cash investments	618,552	46 1,030,862
47a	Accounts receivable	47a 721	
b	Less allowance for doubtful accounts	47b 1,236	47c 721
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 682,834	
b	Less allowance for doubtful accounts	51b 500,478	51c 682,834
52	Inventories for sale or use	194,926	52 226,819
53	Prepaid expenses and deferred charges	1,850	53 1,850
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55a	Investments-land, buildings, and equipment basis	55a 619,509	
b	Less accumulated depreciation (attach schedule) SEE STMT 4	55b 302,259	55c 619,509
56	Investments-other (attach schedule)		56
57a	Land buildings and equipment basis	57a 197,390	
b	Less accumulated depreciation (attach schedule) SEE STMT 5	57b 27,795	57c 169,595
58	Other assets (describe SEE STMT 6)	500	58 1,000
59	Total assets (add lines 45 through 58) (must equal line 74)	2,493,237	59 3,057,307
60	Accounts payable and accrued expenses	39,162	60 49,341
61	Grants payable		61
62	Deferred revenue	12,719	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	324,839	64b 500,848
65	Other liabilities (describe SEE STMT 7)	61,808	65 71,395
66	Total liabilities (add lines 60 through 65)	438,528	66 621,584
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	2,054,709	67 2,435,723
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)	2,054,709	73 2,435,723
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,493,237	74 3,057,307

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

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

a	Total revenue, gains, and other support per audited financial statements	a	1,627,428
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 \$ 7,980		
	Add amounts on lines (1) through (4)	b	7,980
c	Line a minus line b	c	1,619,448
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	1,619,448

a	Total expenses and losses per audited financial statements	a	1,246,414
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 \$ 7,980		
	Add amounts on lines (1) through (4)	b	7,980
c	Line a minus line b	c	1,238,434
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	1,238,434

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
TROY HAFNER 979 BEACHLAND BLVD, VERO BEACH, FL	PRESIDENT 10 HRS	0	0	0
JAMES W. DAVIS 3510 6TH PLACE SW, VERO BEACH, FL	VICE PRES 10 HRS	0	0	0
ROBERT E. SHOWFETY 800 BEACH RD, INDIAN RIVER SHORES, FL	TREASURER 8 HRS	0	0	0
SANDRA RENNICK 979 BEACHLAND BLVD, VERO BEACH, FL	SECRETARY 5 HRS	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule-see Specific Instructions on page 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 confirmed 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	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
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	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	8
91	The books are in care of <input type="checkbox"/> ROBERT E. SHOWFETY Located at <input type="checkbox"/> 800 BEACH RD, INDIAN RIVER SHORES, FL Telephone no <input type="checkbox"/> 772-562-9860 ZIP + 4 <input type="checkbox"/> 32963		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TRANSFER OF HOMES					772,000
b MORTGAGE LOAN DISCOUNTS					28,483
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	13,753	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	1,920			
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 LATE FEE & OTHER INCOME			25	27,736	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,920		41,489	800,483
105 Total (add line 104 columns (B), (D), and (E))					843,892

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 CONSTRUCTS AFFORDABLE HOMES AND TRANSFERS/SELLS THEM TO QUALIFIED APPLICANTS AT COST. ADDITIONALLY, HABITAT HOLDS MORTGAGES FOR THESE ECONOMACLLY 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 pg 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 (an officer) is based on all information of which preparer has any knowledge

Date 12/10/02

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

**INDIAN RIVER COUNTY HABITAT
FOR HUMANITY, INC.**

Employer identification number

65-0230079

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)

		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 amount on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
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 expense 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.)	792,378	671,604	421,942	345,525	2,231,449
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				4,747	4,747
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	29,882	25,202	16,120	9,541	80,745
19 Net income from unrelated business activities not included in line 18	2,155	3,023			5,178
20 Tax revn levied for the organization's ben & either 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.	11,260	3,728			14,988
23 Total of lines 15 through 22	835,675	703,557	438,062	359,813	2,337,107
24 Line 23 minus line 17	835,675	703,557	438,062	355,066	2,332,360
25 Enter 1% of line 23	8,357	7,036	4,381	3,598	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	46,647
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	2,332,360
d Add Amounts from column (e) for lines	18 80,745 19 5,178 22 14,988 26b	26d	100,911
e Public support (line 26c minus line 26d total)		26e	2,231,449
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	95.6734%

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 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	▶ 27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 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 page 7 of the instructions)

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

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions, programs, and scholarships?			
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?			
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?			
b Admissions policies?			
c Employment of faculty or administrative staff?			
d Scholarships or other financial assistance?			
e Educational policies?			
f Use of facilities?			
g Athletic programs?			
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?			
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		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	41	\$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)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

Yes	No	Amount

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
Line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

INDIAN RIVER COUNTY HABITAT
FOR HUMANITY, INC.

Employer identification number

65-0230079

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

INDIAN RIVER COUNTY HABITAT

Employer identification number

65-0230079

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 751,798	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 23,758	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

INDIAN RIVER COUNTY HABITAT

Employer identification number

65-0230079

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	APPLIANCES AND OTHER ITEMS FOR HOMES	\$ 23,758	6/30/02
—	Description of noncash property given	\$	Date received
—	Description of noncash property given	\$	Date received
—	Description of noncash property given	\$	Date received
—	Description of noncash property given	\$	Date received
—	Description of noncash property given	\$	Date received

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

Description	Cash Contribution	Noncash Contribution
TITHE	\$ 7,025	\$
TOTAL	<u>\$ 7,025</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
TRANSFER OF HOMES				
COST OF HOMES TRANSFERRED	599,433	599,433		
DISCOUNT ON MORTGAGES	250,235	250,235		
INDIRECT EXPENSE				
ADVERTISING	284	131	153	
PUBLIC RELATIONS	613			613
CONSTRUCTION SUPPLIES	7,207	7,207		
CONTRACT LABOR	214	214		
MISCELLANEOUS	16,574	7,429	3,177	5,968
VOLUNTEERS	6,712			6,712
PROFESSIONAL SERVICES	18,875	2,600	16,275	
TOTAL	<u>\$ 900,147</u>	<u>\$ 867,249</u>	<u>\$ 19,605</u>	<u>\$ 13,293</u>

INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC
TAX ID # 65-0230079
FORM 990, SCHEDULE B, PART 1, LINE 1

Churches

\$ 63,763
5,000
35,000
5,532
6,134
17,500

Foundations

5,000
5,000
5,000
50,000
5,000
50,000
30,000
5,000
10,000
10,000

Individuals

5,000
10,000
15,000
5,000
60,000
5,000
15,000
10,000
5,169

Other

40,000
Miscellaneous small contribution under \$5,000 273,700

Total

\$ 751,798

Form 990/990-PF	Other Notes and Loans Receivable	2001
For calendar year 2001, or tax year beginning 7/01/01 , and ending 6/30/02		Employer Identification Number 65-0230079
Name INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.		

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

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

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

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) CONSTRUCTED HABITAT HOUSES	446,486	682,834	
(2)	48,992		
(3)	5,000		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	500,478	682,834	

Mortgages and Other Notes Payable

Form
990/990-PF

2001

For calendar year 2001, or tax year beginning

7/01/01, and ending

6/30/02

Name

INDIAN RIVER COUNTY HABITAT
FOR HUMANITY, INC.

Employer Identification Number

65-0230079

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

Name of lender

Relationship to disqualified person

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

Original amount
borrowed

Date of loan

Maturity
date

Repayment terms

Interest
rate

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 140,000	6/19/99	7/01/19	ADJUSTABLE RATE EVERY 5 YR	7.000
(2) 200,000	12/08/00	12/01/10	120 PAYMENTS OF \$1,840	2.000
(3) 200,000	11/29/01	11/23/04	AT MATURITY	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower

Purpose of loan

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

Consideration furnished by lender

Balance due at
beginning of yearBalance due at
end of year

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	133,984	129,998
(2)	190,855	170,850
(3)		200,000
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	324,839	500,848

Depreciation and Amortization

OMB No 1545-0172

Form **4562**
(Rev March 2002)
Department of the Treasury
Internal Revenue Service

(Including Information on Listed Property)

2001

Attachment Sequence No **67**

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return **INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.** Identifying number **65-0230079**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Tangible Property Under Section 179

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

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

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 Sept 10 2001 (see pg 3 of the instr)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	6,189

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2001	17	4,944
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	18	

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						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	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 page 6 of the instructions)

21 Listed property Enter amount from line 28	21	
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	22	11,133
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2001) (Rev 3-2002)

Federal Statements

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

<u>Description</u>	<u>Deduction</u>
RENTAL- PORTION OF OFFICE	
INTEREST	4,231
INSURANCE	195
REPAIRS	881
TAXES	1,092
DEPRECIATION	1,581
TOTAL	<u>7,980</u>

Federal Statements

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
LAND FOR DEVELOPMENT	\$ 302,259	\$	\$ 619,509	\$
TOTAL	\$ 302,259	\$ 0	\$ 619,509	\$ 0

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
CONSTRUCTION EQUIPMENT	\$ 2,053	\$	\$ 3,048	\$
FURNITURE & FIXTURES	1,257		1,257	
BUILDINGS - OFFICE	167,096		167,096	
COMPUTER EQUIPMENT	14,193		15,258	
OFFICE EQUIPMENT	10,731		10,731	
ACCUMULATED DEPRECIATION		16,663		27,795
TOTAL	\$ 195,330	\$ 16,663	\$ 197,390	\$ 27,795

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

Description	Beginning of Year	End of Year
DEPOSITS	\$ 500	\$ 1,000
TOTAL	\$ 500	\$ 1,000

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

Description	Beginning of Year	End of Year
S.H.O.P. NOTE PAYABLE	\$ 21,839	\$ 14,723
ESCROW DEPOSITS	30,815	41,540
SECURITY DEPOSIT	825	825
HFHI TITHING	22	
RENTAL PROPERTY	1,337	1,337
WARRANTY	6,970	12,970
TOTAL	\$ 61,808	\$ 71,395

**Federal Asset Report
 Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis	Per Conv Meth	Prior	Current	
Prior MACRS											
22	TELEPHONE SYSTEM	1/30/01	1,344				0	5	1,344	202	457
23	LCD PROJECTOR & SCREEN	6/28/01	5,364				0	5	5,364	268	2,038
24	MICROSCOPIC SERVER STATION	4/23/01	2,725				0	5	2,725	136	1,036
25	IBM COMPUTER	10/09/00	1,576				0	5	1,576	394	473
26	DELL LAP TOP	6/29/01	2,473				0	5	2,473	124	940
			<u>13,482</u>				<u>0</u>		<u>13,482</u>	<u>1,124</u>	<u>4,944</u>
Other Depreciation:											
1	DRILL	12/01/98	149				0	5	149	75	30
2	SCAFFOLDING	12/01/98	1,154				0	5	1,154	577	231
3	FURNITURE	12/01/95	285				0	7	285	184	41
4	SAFE	12/01/98	168				0	7	168	72	24
5	CHAIRS	12/01/98	649				0	7	649	278	93
6	COMPUTER	12/01/95	2,692				0	5	2,692	2,508	184
7	COMPUTER	12/01/96	612				0	5	612	489	123
8	COMPUTER	12/01/97	1,550				0	5	1,550	1,085	310
9	COMPUTER	7/01/98	2,565				0	5	2,565	1,539	513
10	BUILDING	6/17/99	125,000				0	39	125,000	6,560	3,205
11	LAND	6/17/99	16,657				0	--	16,657	0	0
12	FAX	1/18/99	180				0	7	180	69	26
13	OVERHEAD	4/18/99	308				0	7	308	119	44
14	COPIER	4/18/99	265				0	7	265	98	38
15	TOOLS	7/01/99	50				0	5	50	20	10
16	TOOLS	5/30/00	700				0	5	700	152	140
17	KITCHEN TABLE & CHAIRS	1/26/00	155				0	7	155	31	22
18	BUILDING IMPROVEMENT	3/30/00	25,409				0	39	25,409	814	652
19	HPI2C CALCULATOR	7/01/99	70				0	7	70	20	10
20	COPIER	8/31/99	2,350				0	7	2,350	615	336
21	DESK & CABINETS	7/19/99	850				0	7	850	233	121
27	1000 laser system	6/24/02	995				0	5	995	0	0
28	kodax dx4900 digital camera	4/09/02	565				0	5	565	0	28
29	Gateway 2000 computer	6/10/02	500				0	5	500	0	8
	Total Other Depreciation		<u>183,878</u>				<u>0</u>		<u>183,878</u>	<u>15,538</u>	<u>6,189</u>
	Total ACRS and Other Depreciation		<u>183,878</u>				<u>0</u>		<u>183,878</u>	<u>15,538</u>	<u>6,189</u>
	Grand Totals		<u>197,360</u>				<u>0</u>		<u>197,360</u>	<u>16,662</u>	<u>11,133</u>
	Less. Dispositions		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>197,360</u>				<u>0</u>		<u>16,662</u>	<u>11,133</u>	

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed

Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.	Employer identification number 65-0230079
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 2345 18TH AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions VERO BEACH FL 32960	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ if this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/17/03 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 7/01/01, and ending 6/30/02

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 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 NOV 13 2002

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)

CERTIFIED MAIL

RE: MK/8866/HABITAT