

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2002 calendar year, or tax year beginning 7/01/02, and ending 6/30/03

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

Please use IRS label or print or type  
See Specific Instructions

**C** Name of organization  
**HABITAT FOR HUMANITY IN SEMINOLE COUNTY, FLORIDA, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1548 SEMINOLA BLVD. 141**

City or town state or country, and ZIP + 4  
**CASSELBERRY FL 32707**

**D** Employer ID number  
**59-3034059**

**E** Telephone number  
**407-696-5833**

**F** Accounting method  Cash  
 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

**H(b)** If "Yes," enter no of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No  
(If "No" att. a list See instr)

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

**I** Enter 4-digit GEN

**G** Web site

**J** Organization type  
(check only one)  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**

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

**L** Gross receipts Add lines 6b 8b and 10b to line 12 **775,671**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)**

<b>1</b>	Contributions gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	1a	184,208		
<b>b</b>	Indirect public support	1b	20,000		
<b>c</b>	Government contributions (grants)	1c	21,275		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>191,043</u> noncash \$ <u>34,440</u> )	1d		225,483	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2		206,353	
<b>3</b>	Membership dues and assessments	3			
<b>4</b>	Interest on savings and temporary cash investments	4		939	
<b>5</b>	Dividends and interest from securities	5			
<b>6a</b>	Gross rents	6a			
<b>b</b>	Less rental expenses	6b			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b>	Other investment income (describe )	7			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	8a			
<b>c</b>	Gain or (loss) (attach schedule)	8b			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
<b>9</b>	Special events and activities (attach schedule)	9d			
<b>a</b>	Gross revenue (not including contributions reported on line 1a)	9a	32,396		
<b>b</b>	Less direct expenses other than fundraising expenses	9b	14,826		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		17,570	
<b>10a</b>	Gross sales of inventory less returns and allowances	10a	309,093		
<b>b</b>	Less cost of goods sold	10b	212,082		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	Stmt 1	97,011	
<b>11</b>	Other revenue (from Part VII, line 103)	11		1,407	
<b>12</b>	Total revenue (add lines 1d 2, 3, 4, 5, 6c, 7, 8d, 9c 10c, and 11)	12		548,763	
<b>13</b>	Program services (from line 44, column (B))	13		322,983	
<b>14</b>	Management and general (from line 44, column (C))	14		23,624	
<b>15</b>	Fundraising (from line 44, column (D))	15		84,538	
<b>16</b>	Payments to affiliates (attach schedule)	16	See Stmt 2	4,106	
<b>17</b>	Total expenses (add lines 16 and 44 column (A))	17		435,251	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18		113,512	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,268,393	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20			
<b>21</b>	Net assets or fund balances at end of year (combine lines 18 19 and 20)	21		1,381,905	

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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 page 21 of the instructions)

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

Joint Costs Check  if you are following SOP 98-2
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  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 page 24 of the instructions)

Table with 2 columns: Description of program service, Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.). Rows include: a See Statement 5, b, c, d, e Other program services, f Total of Program Service Expenses (should equal line 44 column (B), Program services) 322,983

**Part IV Balance Sheets** (See page 24 of the instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
				Beginning of year		End of year
45	Cash - non-interest-bearing			785	45	935
46	Savings and temporary cash investments			137,520	46	175,899
47a	Accounts receivable	47a				
b	Less allowance for doubtful accounts	47b			47c	
48a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule) <b>See Worksheet</b>	51a	812,835			
b	Less allowance for doubtful accounts	51b		793,996	51c	812,835
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges			11,601	53	15,752
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54	
55a	Investments-land buildings, and equipment basis	55a				
b	Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments-other (attach schedule)				56	
57a	Land, buildings, and equipment basis	57a	954,993			
b	Less accumulated depreciation (attach schedule) <b>See Stmt 6</b>	57b	70,214	860,677	57c	884,779
58	Other assets (describe <b>See Stmt 7</b> )			102,402	58	68,476
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)			1,906,981	59	1,958,676
60	Accounts payable and accrued expenses			13,985	60	10,981
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) <b>See Worksheet</b>			623,616	64b	564,937
65	Other liabilities (describe <b>See Stmt 8</b> )			987	65	853
66	<b>Total liabilities</b> (add lines 60 through 65)			638,588	66	576,771
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			1,218,860	67	1,339,794
68	Temporarily restricted			49,533	68	42,111
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, column (B) must equal line 21)			1,268,393	73	1,381,905
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)			1,906,981	74	1,958,676

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VII Other Information (See page 27 of the 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 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?		
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) See Stmt 12		
82b			6,000
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	85g
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	85h
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		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"/> FL		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		90b 9
91	The books are in care of <input type="checkbox"/> HELENE FUNK, EXE. DIR. Telephone no <input type="checkbox"/> 407-696-5833 Located at <input type="checkbox"/> 1548 SEMINOLA BLVD #141, CASSELBERRY FL ZIP + 4 <input type="checkbox"/> 32707		
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 page 31 of the instructions)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>TRANSFERS TO HOMEOWNERS</b>					125,441
b <b>AMORTIZATION OF MTG INTEREST</b>					80,912
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	939	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	17,570	
102 Gross profit or (loss) from sales of inventory			5	97,011	
103 Other revenue					
a					
b <b>MISCELLANEOUS INCOME</b>			1	1,407	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		116,927	206,353
105 Total (add line 104, columns (B), (D), and (E))					323,280

**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 page 32 of the 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)
●	See Statement 13

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the 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, the information reported thereon is true and correct. I am a preparer (other than officer) is based on all information of which preparer has any knowledge

Date 10-22-03  
ative Director

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2002**

Name of the organization

**HABITAT FOR HUMANITY IN SEMINOLE  
COUNTY, FLORIDA, INC.**

Employer identification number

**59-3034059**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over

\$50,000 ▶

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
None		

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

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

Schedule A (Form 990 or 990-EZ) 2002

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

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying, organizational activities, and grants. Includes a 'See Stmt 14' reference.

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

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part V-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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	244,499	124,457	250,141	114,474	733,571
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	350,941	315,446	415,015	249,758	1,331,160
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	2,700	14,266	8,858	7,202	33,026
19 Net income from unrelated business activities not included in line 18					
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. Stmt 15	8,488	3,186	2,534	1,318	15,526
23 Total of lines 15 through 22	606,628	457,355	676,548	372,752	2,113,283
24 Line 23 minus line 17	255,687	141,909	261,533	122,994	782,123
25 Enter 1% of line 23	6,066	4,574	6,765	3,728	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_ ▶ 26d  
 22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

	(2001)	(2000)	(1999)	(1998)
c Add Amounts from column (e) for lines 15 <u>733,571</u> 16 _____				
17 <u>1,331,160</u> 20 _____ 21 _____				
d Add Line 27a total _____ and line 27b total _____				▶ 27c <u>2,064,731</u>
e Public support (line 27c total minus line 27d total)				▶ 27d _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) <span style="float:right">▶ 27e <u>2,064,731</u></span>				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) <span style="float:right">▶ 27f <u>2,113,283</u></span>				▶ 27g <u>97.7025%</u>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) <span style="float:right">▶ 27h <u>1.5628%</u></span>				

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 IV

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?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs and scholarships?	32c		
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)	32d		
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No " attach an explanation	35		

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

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

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

Limits on Lobbying Expenditures

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

Table with columns for line numbers, descriptions of lobbying expenditures, and columns (a) and (b) for totals. Includes rows 36-44 and a caution note.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Table for 4-Year Averaging Period with columns for calendar year (2002, 2001, 2000, 1999) and Total. Includes rows 45-50.

Part VII-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instr)

N/A

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

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

Table with columns Yes, No, and Amount for each activity listed in the previous block.

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

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

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

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

- (i) Cash
(ii) Other assets

b Other transactions

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

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

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

Yes No (No is checked)

b If "Yes," complete the following schedule

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



**Other Notes and Loans Receivable**

Form **990/990-PF** | For calendar year 2002, or tax year beginning **7/01/02**, and ending **6/30/03** | **2002**

Name **HABITAT FOR HUMANITY IN SEMINOLE COUNTY, FLORIDA, INC.** | Employer Identification Number **59-3034059**

**Form 990, Part IV, Line 51a - Additional Information**

Name of borrower	Relationship to disqualified person
(1) <b>MORTGAGES RECEIVABLE, NET</b>	
(2)	
(3) <b>SEE STATEMENT 16</b>	
(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)	<b>793,996</b>	<b>812,835</b>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>793,996</b>	<b>812,835</b>	

## Mortgages and Other Notes Payable

Form  
990/990-PF

2002

For calendar year 2002 or tax year beginning

7/01/02 and ending

6/30/03

Name

HABITAT FOR HUMANITY IN SEMINOLE  
COUNTY, FLORIDA, INC.

Employer Identification Number

59-3034059

## Form 990, Part IV, Line 64b - Additional Information

Name of lender

Relationship to disqualified person

(1) HABITAT FOR HUMANITY INTERNATIONAL  
 (2) HABITAT FOR HUMANITY INTERNATIONAL  
 (3) HABITAT FOR HUMANTIY INTERNATIONAL  
 (4) WACHOVIA BANK  
 (5)  
 (6)  
 (7)  
 (8)  
 (9)  
 (10)

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	210,236	2/05/98	1/30/05	QUARTERLY P&I OF \$8,528	3.600
(2)	11,795	6/01/99	6/30/03	MONTHLY PAYMENTS OF \$246	
(3)	59,500	12/15/99	12/31/06	QUARTERLY P&I OF \$2,436.43	3.875
(4)	165,324	3/20/01	3/20/09	STARTING 4/02 MO. PMT 3,814	7.750
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Security provided by borrower

Purpose of loan

(1) PLEDGED MORTGAGES RECEIVABLE WORKING CAPITAL/LIQUIDATE MORTGAGES  
 (2) HOME CONSTRUCTION PROJECTS  
 (3) PLEDGED MORTGAGES RECEIVABLE WORKING CAPITAL/LIQUIDATE MORTGAGES  
 (4) BUILDING CONSTRUCTION OF THRIFT STORE  
 (5)  
 (6)  
 (7)  
 (8)  
 (9)  
 (10)

Consideration furnished by lender

Balance due at  
beginning of yearBalance due at  
end of year

(1)	81,166	49,592
(2)	2,939	
(3)	42,037	31,755
(4)	497,474	483,590
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	623,616	564,937

Form **4562.**

# Depreciation and Amortization

OMB No 1545-0172

(Including Information on Listed Property)

**2002**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return

Attachment  
Sequence No **67**

Name(s) shown on return

**HABITAT FOR HUMANITY IN SEMINOLE  
COUNTY, FLORIDA, INC.**

Identifying number  
**59-3034059**

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	<b>24,000</b>
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	<b>200,000</b>
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 2 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 2001 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 2003 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 qualified prop (other than listed prop) placed in service during the tax year (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	<b>18,895</b>

### 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 2002	17	<b>979</b>
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		

#### Section B-Assets Placed in Service During 2002 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		39 yrs	MM	S/L	

#### Section C-Assets Placed in Service During 2002 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	<b>19,874</b>
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** (2002)

HABITAT FOR HUMANITY IN SEMINOLE 59-3034059

Form 4562 (2002)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles)

Table with columns: 24a Do you have evidence to support the business/investment use claimed?, 24b If "Yes" is the evidence written?, (a) Type of prop, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner" or related person

If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table with columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

Table with columns: Yes, No. Includes rows 37-41.

Part VI Amortization

Table with columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

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

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
THRIFT SHOP	\$ 309,093	\$ 212,082	\$ 97,011
Total	<u>\$ 309,093</u>	<u>\$ 212,082</u>	<u>\$ 97,011</u>

2363 HABITAT FOR HUMANITY IN SEMINOLE

59-3034059

FYE 6/30/2003

# Federal Statements

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

Name	Address	Amount	Purpose
HABITAT FOR HUMANITY INT'L.	121 HABITAT ST. AMAERICUS, GA	\$ 4,106	QUARTERLY TITHE
Total		\$ 4,106	

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
CONSTRUCTION COSTS	256,744	256,744		
HOMEOWNER COSTS	4,534	4,534		
INSURANCE	3,027	1,417	1,610	
VEHICLE EXPENSE	1,995	1,995		
MISCELLANEOUS EXPENSE	5,030	2,285	514	2,231
SMALL TOOLS	885	885		
TELEPHONE	4,964	1,314	567	3,083
Total	<u>\$ 277,179</u>	<u>\$ 269,174</u>	<u>\$ 2,691</u>	<u>\$ 5,314</u>

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

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

**Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

THE ORGANIZATION CONSTRUCTS HOMES AND PROVIDES FINANCING  
FOR QUALIFIED LOW INCOME FAMILIES IN THE COMMUNITY. THE  
ORGANIZATION HAS CONSISTANTLY PROVIDED SUCH HOUSING SINCE  
INCEPTION IN 1991.

**Federal Statements****Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
ADMINISTRATIVE EQUIPMENT	\$ 10,774	\$	\$ 16,657	\$
ADMINISTRATIVE VEHICLE	3,425		3,425	
BUILDING	804,036		804,036	
THRIFT SHOP EQUIPMENT	5,233		7,333	
THRIFT SHOP VEHICLE	18,100		18,100	
TOTAL ADMINISTRATIVE ACCUM DEP		12,040		13,455
TOTAL THRIFT SHOP ACCUM DEP		38,911		56,759
LAND FOR DEVELOPMENT	70,060		105,442	
Total	<u>\$ 911,628</u>	<u>\$ 50,951</u>	<u>\$ 954,993</u>	<u>\$ 70,214</u>

**Statement 7 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CONSTRUCTION IN PROCESS	\$ 102,402	\$ 57,512
RESTRICTED CASH		10,964
Total	<u>\$ 102,402</u>	<u>\$ 68,476</u>

**Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ESCROW DEPOSITS	\$ 987	\$ 853
Total	<u>\$ 987</u>	<u>\$ 853</u>

**Statement 9 - Form 990, Part IV-A - Other Revenue Included in Financial Statements**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS EXPENSES	\$ 14,826
COST OF THRIFT SHOP SALES	<u>212,082</u>
Total	<u>\$ 226,908</u>

**Statement 10 - Form 990, Part IV-B - Other Expenses Included in Financial Statements**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS EXPENSES	\$ 14,826
COST OF THRIFT SHOP SALES	<u>212,082</u>
Total	<u>\$ 226,908</u>

## Federal Statements

## Statement 11 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Comp	Name	Benefits	Expenses	Title	Address	Average Hours	City, State, Zip
HELENE FUNK 41,130		0	0	EXEC. DIR	40.		
COLIN GALLOWAY 0		0	0	PRESIDENT	AS NEEDED		SAME
VACANT 0		0	0	1ST VP			120 INT'L PARKWAY, #220, HEATHROW FL
CATHERINE C. CURTIS 0		0	0	2ND VP	AS NEEDED		1010 N. ORLANDO AVE., W P., FL
JESSE GRAHAM, JR. 0		0	0	SECRETARY	AS NEEDED		369 N, NEW YORK AVE, WINTER PARK, FL
KENTON THOMPSON 0		0	0	TREASURER	AS NEEDED		6239 EDGEWATER DR., N3 STE 2, ORL, FL
MICHAEL LONG 0		0	0	LEGAL COUNCI	AS NEEDED		601 WEBSTER, ALTAMONTE SPRINGS, FL
ANDREW ANGUELO 0		0	0	BD MEMBER	AS NEEDED		2922 ROLLMAN RD ORLANDO, FL
JAMES P. BERKO 0		0	0	BD MEMBER	AS NEEDED		919 E. 2ND ST., SANFORD, FL
HAROLD J. LAWSON, JR. 0		0	0	BD MEMBER	AS NEEDED		160 INT'L PARKWAY #200 HEATHROW, FL
SUSAN ROBERTS 0		0	0	BD MEMBER	AS NEEDED		610 CRESCENT EXE CT, #500 LK MARY, FL
JOE SINGER 0		0	0	BD MEMBER	AS NEEDED		6 OLD GROVE LN, ALTAMONTE SPGS, FL
CRAIG SUAZO 0		0	0	BD MEMBER	AS NEEDED		8523 COMMODITY CIR, ORLANDO, FL

2363 HABITAT FOR HUMANITY IN SEMINOLE

59-3034059

FYE 6/30/2003

## Federal Statements

### Statement 12 - Form 990, Part VI, Line 82b - Donated Services

<u>Description</u>	<u>Amount</u>
RENT	\$ <u>6,000</u>
Total	\$ <u><u>6,000</u></u>

**Statement 13 - Form 990, Part VIII - Relationship of Activities**

Line No

Description

<u>Line No</u>	<u>Description</u>
93a	HABITAT FOR HUMANITY PROVIDES HOMES FOR INDIVIDUALS IN NEED. A NON-INTEREST BEARING MORTGAGE IS GIVEN TO THOSE INDIVIDUALS WHO BECOME HABITAT HOMEOWNERS. IN ADDITION, HABITAT REQUIRES THAT THE RECIPIENT FAMILIES WORK TOWARD THEIR HOMES BY INVESTING "SWEAT EQUITY" HOURS (ASSISTING HABITAT IN BUILDING HOMES FOR OTHERS AND THEIR OWN HOMES).

2363 HABITAT FOR HUMANITY IN SEMINOLE

59-3034059

**Federal Statements**

FYE 6/30/2003

**Statement 14 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

PLEASE SEE PAGE 4 - PART V - COLUMN (C) - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES, AND KEY EMPLOYEES

2363 HABITAT FOR HUMANITY IN SEMINOLE

59-3034059

FYE 6/30/2003

### Federal Statements

#### Statement 15 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>
Total	\$ <u>8,488</u>	\$ <u>3,186</u>	\$ <u>2,534</u>	\$ <u>1,318</u>

**HABITAT FOR HUMANITY IN SEMINOLE COUNTY, FLORIDA, INC.**  
**EIN: 59-3034059**  
**FYE 6/30/03**

**Statement 16:**

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

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

First mortgages receivable (remaining face value)	\$ 1,404,487
Less Unamortized discounts (8% imputed interest)	<u>(610,491)</u>
Balance as of 6/30/02	<u>\$ 793,996</u>
First mortgages receivable (remaining face value)	\$ 1,426,246
Less Unamortized discounts (8% imputed interest)	<u>(613,411)</u>
Balance as of 6/30/03	<u>\$ 812,835</u>