

Form **990**

OMB No 1545-0047

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)

2002

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 2002 calendar year, or tax year beginning 7/01/02, and ending 6/30/03.

B Check if, applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.		D Employer ID number 65-0230079
		Number and street (or P O box if mail is not delivered to street address) Room/suite 4568 N. U.S. HWY #1		E Telephone number 772-562-9860
		City or town, state or country, and ZIP + 4 VERO BEACH FL 32967		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

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

G Web site:

J Organization type (check only one) 501(c) (3) 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.**

I Enter 4-digit GEN **8545**

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, 9b, and 10b to line 12 **2,271,269**

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

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	1,171,871		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 1,117,066 noncash \$ 54,805)	1d		1,171,871	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,044,729	
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4		7,729	
5 Dividends and interest from securities	5			
6a Gross rents	6a	15,400		
b Less: rental expenses SEE STMT	6b	10,451		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		4,949	
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b Less: cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			8d
9 Special events and activities (attach schedule)				
a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		30,141	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,259,419	
13 Program services (from line 44, column (B))	13		1,533,794	
14 Management and general (from line 44, column (C))	14		145,150	
15 Fundraising (from line 44, column (D))	15		115,536	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		1,794,480	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		464,939	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,435,723	
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,900,662	

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Part II Statement of

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

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 3 (cash \$ <u>15,726</u> non-cash \$ _____)	22 15,726	15,726		
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	26 268,147	132,774	80,069	55,304
27	Pension plan contributions	27			
28	Other employee benefits	28 57,362	36,598	14,176	6,588
29	Payroll taxes	29 20,513	10,157	6,125	4,231
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 15,442	8,864	4,831	1,747
34	Telephone	34 11,206	9,877	774	555
35	Postage and shipping	35 12,157	1,047	2,138	8,972
36	Occupancy	36 43,436	40,966	1,813	657
37	Equipment rental and maintenance	37			
38	Printing and publications	38 21,264	1,304	1,147	18,813
39	Travel	39 4,810	3,243	983	584
40	Conferences, conventions, and meetings	40			
41	Interest	41 13,503	7,289	5,608	606
42	Depreciation, depletion, etc (attach schedule)	42 8,106		8,106	
43	Other expenses not covered above (itemize): a	43a			
	b SEE STATEMENT 4	43b 1,302,808	1,265,949	19,380	17,479
	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 1,794,480	1,533,794	145,150	115,536

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.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)
<p>LOW INCOME HOUSING</p> <p>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.)</p> <p>a IRC HABITAT FOR HUMANITY BUILDS AND SELLS HOUSES TO LOW INCOME FAMILITIES ON A NO-PROFIT, NO INTEREST LOAN BASIS.</p> <p>(Grants and allocations \$ _____)</p>	1,533,794
<p>b</p> <p>(Grants and allocations \$ _____)</p>	
<p>c</p> <p>(Grants and allocations \$ _____)</p>	
<p>d</p> <p>(Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	1,533,794

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	324,117	45	117,891	
46	Savings and temporary cash investments	1,030,862	46	764,840	
47a	Accounts receivable	27,611			
b	Less: allowance for doubtful accounts		47c	27,611	
48a	Pledges receivable				
b	Less: allowance for doubtful accounts		48c		
49	Grants receivable		49	26,875	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	996,699			
b	Less: allowance for doubtful accounts		51c	996,699	
52	Inventories for sale or use	226,819	52	782,164	
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	504,954			
b	Less: accumulated depreciation (attach schedule) SEE STMT 5		55c	504,954	
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	896,270			
b	Less: accumulated depreciation (attach schedule) SEE STMT 6		57c	859,010	
58	Other assets (describe SEE STMT 7)		58	1,053	
59	Total assets (add lines 45 through 58) (must equal line 74)	3,057,307	59	4,082,947	
60	Accounts payable and accrued expenses	49,341	60	105,273	
61	Grants payable		61		
62	Deferred revenue		62		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
64a	Tax-exempt bond liabilities (attach schedule)		64a		
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	500,848	64b	928,081	
65	Other liabilities (describe SEE STMT 8)	71,395	65	148,931	
66	Total liabilities (add lines 60 through 65)	621,584	66	1,182,285	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted	2,435,723	67	2,900,662	
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)	2,435,723	73	2,900,662	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	3,057,307	74	4,082,947	

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 page 26 of the instructions.)

a	Total revenue, gains, & other support per audited financial statements	a	2,269,870
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 9 \$ 10,451		
	Add amounts on lines (1) through (4)	b	10,451
c	Line a minus line b	c	2,259,419
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	2,259,419

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

a	Total expenses and losses per audited financial statements	a	1,804,931
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 10 \$ 10,451		
	Add amounts on lines (1) through (4)	b	10,451
c	Line a minus line b	c	1,794,480
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	1,794,480

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

(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
JAMES W. DAVIS 775 BROADWAY ST VERO BEACH, FL 32960	PRESIDENT 10 HRS	0	0	0
FRANCE KENYON VERO BEACH, FL 32963	VICE PRES 10 HRS	0	0	0
ROBERT KING 726 10TH COURT VERO BEACH, FL 32962	TREASURER 8 HRS	0	0	0
SANDRA RENNICK VERO BEACH, FL 32963	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 page 26 of the instructions

Part VI 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	
78b	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
81a	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.		
81b	Enter direct or indirect political expenditures. See line 81 instr.		X
82a	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	
82b	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	
83b	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
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0; section 4955 <input type="checkbox"/> 0		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
	d Enter. Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	12	
91	The books are in care of <input type="checkbox"/> ROBERT KING Located at <input type="checkbox"/> VERO BEACH, FLORIDA	Telephone no. <input type="checkbox"/> 772-562-9860 ZIP + 4 <input type="checkbox"/> 32962	
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.)

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					1,001,000
b MORTGAGE LOAN DISCOUNTS					43,729
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	7,729	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	4,949			
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	30,141	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		4,949		37,870	1,044,729
105 Total (add line 104, columns (B), (D), and (E))					1,087,548

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 11

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)

Please Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 12-22-03
EXECUTIVE DIRECTOR

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2002

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
ANDREW BOWLER VERO BEACH, FLORIDA	40	58,000	12,619	0
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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.)

		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 i 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.		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4	Do you have a section 403(b) annuity plan for your employees?		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 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 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	775,556	792,378	671,604	421,942	2,661,480
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					
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	13,753	29,882	25,202	16,120	84,957
19 Net income from unrelated business activities not included in line 18	1,920	2,155	3,023		7,098
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	27,736	11,260	3,728		42,724
23 Total of lines 15 through 22	818,965	835,675	703,557	438,062	2,796,259
24 Line 23 minus line 17	818,965	835,675	703,557	438,062	2,796,259
25 Enter 1% of line 23	8,190	8,357	7,036	4,381	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 55,925
	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 2,796,259
	d Add: Amounts from column (e) for lines:	18 84,957	19 7,098		
		22 42,724	26b		
	e Public support (line 26c minus line 26d total)				26d 134,779
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26e 2,661,480
					26f 95.1800%
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
	(2001)	(2000)	(1999)	(1998)	
	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
	(2001)	(2000)	(1999)	(1998)	
	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 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 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?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
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 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			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is-			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000	41		
\$225,000 plus 5% of the excess over \$1,500,000			
\$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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 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.)

Yes	No	Amount

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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
HABITAT FOR HUMANITY INTERNATIONAL	501 (C) (3)	LOCAL AFFILIATE

Other Notes and Loans Receivable

Form
990/990-PF

2002

For calendar year 2002, or tax year beginning

7/01/02, and ending

6/30/03

Name

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

Employer Identification Number

65-0230079

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

Name of borrower	Relationship to disqualified person
(1) MORTGAGES RECEIVABLES	
(2)	
(3)	
(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	682,834	996,699	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	682,834	996,699	

Mortgages and Other Notes PayableForm
990/990-PF**2002**

For calendar year 2002, or tax year beginning

7/01/02, and ending

6/30/03

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
(1) PNC BANK	NONE
(2) INDIAN RIVER NATIONAL BANK	NONE
(3) PNC BANK	NONE
(4) SOUTH TRUST BANK	NONE
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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) 450,000	3/14/03	3/14/04	MONTHLY INTEREST ONLY	4.250
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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) SECURED BY REAL PROPERTY	PURCHASE OF NEW OFFICE & WAREHOUSE
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	129,998	126,070
(2)	170,850	152,011
(3)	200,000	200,000
(4)		450,000
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	500,848	928,081

Depreciation and Amortization

OMB No. 1545-0172

Form **4562**

(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 **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 2 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 2 of the instr	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
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	10,417

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	
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"/>		

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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				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	10,417
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)

65-0230079

Federal Statements

FYE: 6/30/2003

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

Description	Deduction
RENTAL- PORTION OF OFFICE	
INTEREST	4,468
INSURANCE	1,515
REPAIRS	2,158
DEPRECIATION	2,310
TOTAL	<u>10,451</u>

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	Date		How Rec'd		Whom Sold	
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
COPIER			PURCHASE			
	8/31/99	7/11/02	\$ 1,399	\$ 2,350	\$ 951	\$
TOTAL			<u>\$ 1,399</u>	<u>\$ 2,350</u>	<u>\$ 951</u>	<u>\$ 0</u>

Federal Statements**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations, and Contributions**

Description	Cash Contribution	Noncash Contribution
TITHE	\$ 15,726	\$
TOTAL	<u>\$ 15,726</u>	<u>\$ 0</u>

Statement 4 - 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	902,571	902,571		
DISCOUNT ON MORTGAGES	333,605	333,605		
INDIRECT EXPENSE				
ADVERTISING	185			185
PUBLIC RELATIONS	10,186			10,186
CONSTRUCTION SUPPLIES	13,599	13,599		
MISCELLANEOUS	16,283	9,325	3,916	3,042
VOLUNTEERS	4,066			4,066
PROFESSIONAL SERVICES	22,313	6,849	15,464	
TOTAL	<u>\$ 1,302,808</u>	<u>\$ 1,265,949</u>	<u>\$ 19,380</u>	<u>\$ 17,479</u>

65-0230079

Federal Statements

FYE: 6/30/2003

Statement 5 - 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				
	\$ 619,509	\$	\$ 504,954	\$
TOTAL	<u>\$ 619,509</u>	<u>\$ 0</u>	<u>\$ 504,954</u>	<u>\$ 0</u>

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
CONSTRUCTION EQUIPMENT				
FURNITURE & FIXTURES	\$ 3,048	\$	\$ 4,046	\$
BUILDINGS - OFFICE	1,257		4,222	
COMPUTER EQUIPMENT	167,096		848,389	
OFFICE EQUIPMENT	15,258		20,243	
VEHICLES	10,731		8,381	
ACCUMULATED DEPRECIATION			10,989	
		27,795		37,260
TOTAL	<u>\$ 197,390</u>	<u>\$ 27,795</u>	<u>\$ 896,270</u>	<u>\$ 37,260</u>

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

Description	Beginning of Year	End of Year
DEPOSITS	\$ 1,000	\$ 1,053
TOTAL	<u>\$ 1,000</u>	<u>\$ 1,053</u>

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

Description	Beginning of Year	End of Year
S.H.O.P. NOTE PAYABLE	\$ 14,723	\$ 76,482
ESCROW DEPOSITS	41,540	55,543
SECURITY DEPOSIT	825	825
HFHI TITHING		7,244
RENTAL PROPERTY	1,337	1,337
WARRANTY	12,970	7,500
TOTAL	<u>\$ 71,395</u>	<u>\$ 148,931</u>

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

<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES	\$ 10,451
TOTAL	\$ <u>10,451</u>

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

<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES	\$ 10,451
TOTAL	\$ <u>10,451</u>

Federal Statements**Statement 11 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	HABITAT CONSTRUCTS AFFORDABLE HOMES AND TRANSFERS/SELLS THEM TO QUALIFIED APPLICANTS AT COST. ADDITIONALLY, HABITAT HOLDS MORTGAGES FOR THESE ECONOMACLLY DISADVANTAGED HOMEOWNERS AND CHARGES ZERO INTEREST ON THE LOANS.
93B	MORTGAGE LOAN DISCOUNTS CONSISTS OF IMPUTED INTEREST NOT CHARGED BY HABITAT ON IT'S MORTGAGE RECEIVABLES AND REPRESENT HABITAT'S CONTRIBUTION TO THE COMMUNITY FOR THE VALUE OF INTEREST NOT CHARGED.

65-0230079

Federal Asset Report

FYE: 6/30/2003

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	DRILL	12/01/98	149				149	5 MO S/L	104	30
2	SCAFFOLDING	12/01/98	1,154				1,154	5 MO S/L	807	231
3	FURNITURE	12/01/95	285				285	7 MO S/L	225	41
4	SAFE	12/01/98	168				168	7 MO S/L	96	24
5	CHAIRS	12/01/98	649				649	7 MO S/L	371	93
6	COMPUTER	12/01/95	2,692				2,692	5 MO S/L	2,692	0
7	COMPUTER	12/01/96	612				612	5 MO S/L	612	0
8	COMPUTER	12/01/97	1,550				1,550	5 MO S/L	1,395	155
9	COMPUTER	7/01/98	2,565				2,565	5 MO S/L	2,052	513
10	BUILDING	6/17/99	125,000				125,000	39 MO S/L	9,765	3,205
11	LAND	6/17/99	16,687				16,687	0 -- Land	0	0
12	FAX	1/18/99	180				180	7 MO S/L	95	26
13	OVERHEAD	4/18/99	308				308	7 MO S/L	163	44
14	COPIER	4/18/99	265				265	7 MO S/L	136	38
15	TOOLS	7/01/99	50				50	5 MO S/L	30	10
16	TOOLS	5/30/00	700				700	5 MO S/L	292	140
17	KITCHEN TABLE & CHAIRS	1/26/00	155				155	7 MO S/L	54	22
18	BUILDING IMPROVEMENT	3/30/00	25,409				25,409	39 MO S/L	1,466	652
19	HP12C CALCULATOR	7/01/99	70				70	7 MO S/L	30	10
20	COPIER	8/31/99	2,350				2,350	7 MO S/L	951	0
	Sold/Scrapped: 7/11/02									
21	DESK & CABINETS	7/19/99	850				850	7 MO S/L	354	121
22	TELEPHONE SYSTEM	1/30/01	1,344				1,344	5 MO S/L	659	269
23	LCD PROJECTOR & SCREEN	6/28/01	5,364				5,364	5 MO S/L	2,307	1,073
24	MICROSCOPIC SERVER STATION	4/23/01	2,725				2,725	5 MO S/L	1,172	545
25	IBM COMPUTER	10/09/00	1,576				1,576	5 MO S/L	867	315
26	DELL LAP TOP	6/29/01	2,473				2,473	5 MO S/L	1,063	495
27	1000 laser system	6/24/02	995				995	5 MO S/L	0	199
28	kodax dx4900 digital camera	4/09/02	565				565	5 MO S/L	28	113
29	Gateway 2000 computer	6/10/02	500				500	5 MO S/L	8	100
30	CARGO TRAILER	12/24/02	1,500				1,500	5 MO S/L	0	150
31	1995 FORD TRUCK	2/04/03	9,489				9,489	5 MO S/L	0	791
32	4500 WATT GENERATOR	9/12/02	998				998	5 MO S/L	0	166
33	LAND	3/14/03	570,347				570,347	0 -- Land	0	0
34	NEW OFFICE BUILDING	3/14/03	85,224				85,224	39 MO S/L	0	728
35	CONFERENCE TABLE & CHAIRS	5/22/03	2,965				2,965	7 MO S/L	0	35
36	DELL COMPUTERS	6/12/03	4,985				4,985	5 MO S/L	0	83
	Total Other Depreciation		<u>872,898</u>				<u>872,898</u>		<u>27,794</u>	<u>10,417</u>
	Total ACRS and Other Depreciation		<u>872,898</u>				<u>872,898</u>		<u>27,794</u>	<u>10,417</u>
	Grand Totals		872,898				872,898		27,794	10,417
	Less: Dispositions		<u>2,350</u>				<u>2,350</u>		<u>951</u>	<u>0</u>
	Net Grand Totals		<u>870,548</u>				<u>870,548</u>		<u>26,843</u>	<u>10,417</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.

Form 8868.

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

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.	Employer identification number 65-0230079
	Number, street, and room or suite no. If a P.O. box, see instructions. 4568 N. U.S. HWY #1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions VERO BEACH FL 32967	

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 2/17/04 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 7/01/02 and ending 6/30/03

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

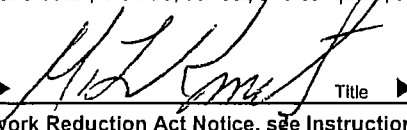
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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 CPS Date OCT 27 2003

For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

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