

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

A For the 2002 calendar year, or tax year beginning 07/01, **2002, and ending** 06/30/2003

B Check if applicable: <input 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	C Name of organization HABITAT FOR HUMANITY OF PULASKI COUNTY	D Employer identification number 71-0679937	
	Please use IRS label or print or type See Specific Instructions.	Number and street (or P O box if mail is not delivered to street address) Room/suite P. O. BOX 1326	E Telephone number (501) 376-4434
	City or town, state or country, and ZIP + 4 LITTLE ROCK, AR 72203	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? (If "No," attach a list. See instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Enter 4-digit GEN ▶

G Web site: N/A

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.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **554,163.**

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received STMT 1			
	a Direct public support	1a	148,630.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 148,630. noncash \$)	1d		148,630.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		81,009.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		28,757.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7			
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	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			
	10 a Gross sales of inventory, less returns and allowances \$TMT. 2	10a	293,000.	
	b Less cost of goods sold \$TMT. 3	10b	275,602.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		17,398.
Expenses	11 Other revenue (from Part VII, line 103)	11		2,767.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		278,561.
	13 Program services (from line 44, column (B))	13		176,212.
	14 Management and general (from line 44, column (C))	14		58,337.
	15 Fundraising (from line 44, column (D))	15		3,104.
	16 Payments to affiliates (attach schedule) \$TMT. 4	16		3,000.
	17 Total expenses (add lines 13, 14, 15, and 16)	17		240,653.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		37,908.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		934,173.
	20 Other changes in net assets or fund balances (attach explanation) \$TMT. 5	20		-377,700.
Net Assets	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		594,381.

SCANNED MAY 24 2004 Revenue

For Paperwork Reduction Act Notice, see the separate instructions.

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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 [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

What is the organization's primary exempt purpose? SEE STATEMENT 15

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

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

Table with 2 columns: Description, Program Service Expenses. Rows include: a, b, c, d, e Other program services, f Total of Program Service Expenses.

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

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
Assets	45 Cash - non-interest-bearing	23,997.	45	45,388.
	46 Savings and temporary cash investments		46	
	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) <i>STMT 7</i>	51a 975,783.		
	b Less allowance for doubtful accounts	51b 495,547.	745,036.	51c 480,236.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	Liabilities	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 90,571.		
b Less accumulated depreciation (attach schedule)		57b	186,223.	57c 90,571.
58 Other assets (describe <input type="checkbox"/>)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)	955,256.	59	616,195.	
Net Assets or Fund Balances	60 Accounts payable and accrued expenses	2,003.	60	4,727.
	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)		64b	
65 Other liabilities (describe <input type="checkbox"/> <i>STMT 13</i>)	19,080.	65	17,087.	
66 Total liabilities (add lines 60 through 65)	21,083.	66	21,814.	
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted		67		
68 Temporarily restricted		68		
69 Permanently restricted		69		
Organizations that do not follow SFAS 117, check here <input checked="" 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	934,173.	72	594,381.	
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)	934,173.	73	594,381.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	955,256.	74	616,195.	

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 VI Other Information (See page 27 of the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 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?
80 a 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?
80 b If "Yes," enter the name of the organization: HABITAT FOR HUMANITY INTERNATIONAL
81 a Enter direct or indirect political expenditures
81 b Did the organization file Form 1120-POL for this year?
82 a 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?
82 b If "Yes," you may indicate the value of these items here
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 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?
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2002
91 The books are in care of ERIN GIBBS Telephone no 501-376-4434
Located at 3805 W. 12TH ST, LITTLE ROCK, AR ZIP + 4 72201
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

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 section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a FUNDRAISING EVENTS					81,009.
b _____					
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	28,757.	
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					
102 Gross profit or (loss) from sales of inventory					17,398.
103 Other revenue. a _____					
b MISCELLANEOUS INC					2,767.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				28,757.	101,174.
105 Total (add line 104, columns (B), (D), and (E))					129,931.

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)
93A	INCOME FROM MISCELLANEOUS FUNDRAISING ACTIVITIES
102	INCOME FROM THE SALE OF LOW-COST HOUSING

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

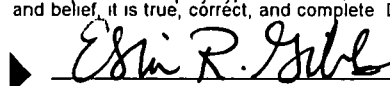
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here  Date 5/5/07

Signature of officer Date

2 ASURER

Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

▶ **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 OF PULASKI COUNTY

Employer identification number

71-0679937

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 benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	NONE			

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

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

Total number of others receiving over \$50,000 for professional services ▶	NONE	

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. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3. Does the organization make grants for scholarships, fellowships, student loans, etc? 4. Do you have a section 403(b) annuity plan for your employees?

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 [X] 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)

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 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)	140,689	143,045	242,019	115,243	640,996
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	74,915	130,295	189,368	109,500	504,078
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	302	1,142	1,541	485	3,470
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	215,906	274,482	432,928	225,228	1,148,544
24 Line 23 minus line 17	140,991	144,187	243,560	115,728	644,466
25 Enter 1% of line 23	2,159	2,745	4,329	2,252	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 12,889
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 644,466
d Add Amounts from column (e) for lines 18 <u>3,470</u> , 19 _____, 22 _____, 26b _____					26d 3,470
e Public support (line 26c minus line 26d total)					26e 640,996
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.4616 %
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) <u>NOT APPLICABLE</u> (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: (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 from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
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)

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows include questions 29, 30, 31, 32 (a-d), 33 (a-h), 34 (a-b), and 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) **NOT APPLICABLE**

- 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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 - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(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 **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			

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

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====

DESCRIPTION -----	AMOUNT -----
SALE OF LOW-COST HOUSING	293,000.
TOTAL	----- 293,000. -----

FORM 990, PART I - COST OF GOODS SOLD
=====

INVENTORY AT BEGINNING OF YEAR	
PURCHASES	275,602.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	275,602.
MINUS ENDING INVENTORY	

COST OF GOODS SOLD	275,602.
	=====

FORM 990, PART I - PAYMENTS TO AFFILIATES
=====

DESCRIPTION

AMOUNT

PAYMENTS TO HABITAT FOR HUMANITY INTERNATIONAL
(PARENT AFFILIATE)

3,000.

TOTAL

3,000.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
RECOGNITION OF DISCOUNT ON NON-INTEREST BEARING MORTGAGE LOANS	225,903.
NET ASSETS RELEASED FROM RESTRICTION	151,797. -----
TOTAL	377,700. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
MISCELLANEOUS	3,953.		1,098.	2,855.
INSURANCE EXPENSE	4,813.	4,743.	70.	
MORTGAGE DISCOUNTS	146,719.	146,719.		
TOTALS	155,485.	151,462.	1,168.	2,855.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE
 =====

BORROWER: ANNE HEFNER

BEGINNING BALANCE DUE	16,514.
ENDING BALANCE DUE	14,974.

BORROWER: KENNY & EURSEL SUMMONS

BEGINNING BALANCE DUE	15,128.
ENDING BALANCE DUE	14,229.

BORROWER: MARY JEAN HILL

BEGINNING BALANCE DUE	14,177.
ENDING BALANCE DUE	12,976.

BORROWER: VERA BOYD

BEGINNING BALANCE DUE	18,138.
ENDING BALANCE DUE	17,003.

BORROWER: EUNICE ROBERT CALHOUN

BEGINNING BALANCE DUE	15,929.
ENDING BALANCE DUE	14,562.

BORROWER: SAM & DAWN STAFF

BEGINNING BALANCE DUE	17,651.
ENDING BALANCE DUE	16,965.

BORROWER: LEATRICE EDWARDS

BEGINNING BALANCE DUE	17,797.
ENDING BALANCE DUE	17,148.

BORROWER: STAN & MARY HICKS

BEGINNING BALANCE DUE	19,758.
ENDING BALANCE DUE	18,359.

BORROWER: JOHNNY & MARIE ANDERSON

BEGINNING BALANCE DUE	15,903.
ENDING BALANCE DUE	14,853.

BORROWER: PAMELA SMITH

BEGINNING BALANCE DUE	19,151.
ENDING BALANCE DUE	17,941.

BORROWER: ROSE HENDRIX

BEGINNING BALANCE DUE	22,008.
ENDING BALANCE DUE	20,743.

BORROWER: WANDA NELSON

BEGINNING BALANCE DUE	21,020.
ENDING BALANCE DUE	19,278.

BORROWER: JIMMIE ADAMS

BEGINNING BALANCE DUE	23,771.
ENDING BALANCE DUE	23,649.

BORROWER: SYLVIA S. FREEMAN

BEGINNING BALANCE DUE	24,966.
ENDING BALANCE DUE	23,754.

BORROWER: FRANKIE TAYLOR

BEGINNING BALANCE DUE	24,594.
ENDING BALANCE DUE	22,858.

BORROWER: JANIE DAVIS

BEGINNING BALANCE DUE	26,370.
ENDING BALANCE DUE	24,922.

BORROWER: MELVIN & SONJA THOMAS

BEGINNING BALANCE DUE	26,533.
ENDING BALANCE DUE	24,979.

BORROWER: ARLENE BATEMAN

BEGINNING BALANCE DUE	27,646.
ENDING BALANCE DUE	26,390.

BORROWER: CHARLOTTE NOBLE

BEGINNING BALANCE DUE	27,397.
ENDING BALANCE DUE	26,502.

BORROWER: TONYA FRICKS

BEGINNING BALANCE DUE	28,111.
ENDING BALANCE DUE	27,676.

BORROWER: DOLLY SMITH

BEGINNING BALANCE DUE	26,155.
ENDING BALANCE DUE	24,581.

BORROWER: DEBORAH MEEKS

BEGINNING BALANCE DUE	26,528.
ENDING BALANCE DUE	25,531.

BORROWER: GARY ROGERS

BEGINNING BALANCE DUE	26,663.
ENDING BALANCE DUE	25,364.

BORROWER: BRENDA BROWN

BEGINNING BALANCE DUE	28,535.
ENDING BALANCE DUE	26,230.

BORROWER: LARRY & WANDA BERRY

BEGINNING BALANCE DUE	34,890.
ENDING BALANCE DUE	33,594.

BORROWER: ROY ALLISON

BEGINNING BALANCE DUE	37,873.
ENDING BALANCE DUE	36,141.

BORROWER: CYNTHIA MATTHEWS

BEGINNING BALANCE DUE	34,727.
ENDING BALANCE DUE	33,442.

BORROWER: KRISTEN THOMAS

BEGINNING BALANCE DUE	37,775.
ENDING BALANCE DUE	35,485.

BORROWER: CLARITA LIGHTNER

BEGINNING BALANCE DUE	31,952.
ENDING BALANCE DUE	30,653.

BORROWER: BEN & CLAUDIA WILLIAMS

BEGINNING BALANCE DUE	37,376.
ENDING BALANCE DUE	35,726.

BORROWER: BYRON COLEMAN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	49,857.

BORROWER: JAMES & JANET BROWN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	42,130.

BORROWER: MARLA HARRISON

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	46,616.

BORROWER: ALETA WATSON

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	45,000.

BORROWER: TERRANCE & BARBAR JOHNSON

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	46,500.

BORROWER: STEPHANIA MURPHY

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	39,172.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	745,036.
--	----------

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	975,783.
--	----------

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING
BOOK VALUE

ESCROWED FUNDS

17,087.

TOTALS

17,087.
=====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

COMPENSATION OF \$22,500 WAS PAID TO A FULL-TIME CONSTRUCTION MANAGER TO SUPERVISE ALL HOME CONSTRUCTION PROJECTS.

COMPENSATION OF \$30,956 WAS PAID TO A FULL-TIME EXECUTIVE DIRECTOR TO MANAGE ALL ADMINISTRATIVE FUNCTIONS OF THE ORGANIZATION.

Habitat for Humanity of Pulaski County

EIN 71-0679937

Tax Return: 7/1/02 – 6/30/03

Form 990, Part III – Statement of Program Purpose

The mission of Habitat for Humanity is to work in partnership with God and people everywhere, from all walks of life, to develop communities with God's people in need by building and renovating houses, so that there are decent houses in decent communities in which God's people can live and grow into all that God intended.

Habitat for Humanity is a people-to-people partnership drawing families and communities in need with volunteers and resources to build decent, affordable housing for needy people. Habitat for Humanity is committed to the development and uplifting of families and communities, not just the construction of houses.

Habitat for Humanity builds, renovates and repairs simple, decent, affordable housing with people who are living in inadequate housing. The families are selected without discrimination on the basis of race, creed, or ethnic background. The houses are sold to selected families with no profit or interest added.

HABITAT FOR HUMANITY OF PULASKI COUNTY

71-0679937

PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

(A)	(B)	(C)	(D)	(E)
Vicki Smith 776 Bobwhite Road Lonoke, AR 72086	President	\$0	\$0	\$0
Glenn Eisenhauer 6 Trefney Court Little Rock AR 72211	Vice Pres.	\$0	\$0	\$0
Tjuana C. Byrd 1 Shelby Road Sherwood, AR 72120	Secretary	\$0	\$0	\$0
Cindy Miller 51 Oak Forest Loop Maumelle, AR 72113	Treasurer	\$0	\$0	\$0
Annie Abrams 1925 Wolfe Street Little Rock AR 72202	Director	\$0	\$0	\$0
Marty Casteel 4620 Stevens Drive Pine Bluff, AR 71603	Director	\$0	\$0	\$0
Robert Dudley 1101 N. McKinley Little Rock, AR 72207	Director	\$0	\$0	\$0
Penny Fogle 634 Stevenson Jacksonville, AR 72076	Director	\$0	\$0	\$0
Erin Gibbs 817 W 42nd North Little Rock AR 72118	Director	\$0	\$0	\$0
Diane Heestand 8 Vail Cove Maumelle, Ar 72113	Director	\$0	\$0	\$0

(A)	(B)	(C)	(D)	(E)
Mary Henry 3312 North Magnolia North Little Rock, AR 72116	Director	\$0	\$0	\$0
Todd Huff 3803 Ridge Road North Little Rock, AR 72116	Director	\$0	\$0	\$0
David Jones 24800 Chenal Parkway Apte 1023 Little Rock AR 72223	Director	\$0	\$0	\$0
Martha McCaskill 6 Innwood Circle Little Rock AR 72211	Director	\$0	\$0	\$0
Barry Molder 16101 LaGrande, Suite 103 Little Rock AR 72223	Director	\$0	\$0	\$0
Delanna Padilla 6 Palmetto Court Little Rock AR 72212	Director	\$0	\$0	\$0
Becky Parkerson 4910 "B" Street Little Rock, AR 72205	Director	\$0	\$0	\$0
Joseph Roddy 41 Bradford Drive Little Rock AR 72227	Director	\$0	\$0	\$0
Fran Rogers 11616 Shady Ridge Little Rock AR 72211	Director	\$0	\$0	\$0
Tim Spainhour 10 Bernay Drive Little Rock AR 72211	Director	\$0	\$0	\$0

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization HABITAT FOR HUMANITY OF PULASKI COUNTY	Employer identification number 71-0679937
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 1326	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LITTLE ROCK, AR 72203-1326	

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 **FEBRUARY 15**, 20 **04**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning **JULY 1**, 20 **02**, and ending **JUNE 30**, 20 **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 \$ **0.00**

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 \$ **0.00**

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 ▶ *Erin R. Gills, CPA* Title ▶ *Board Member* Date ▶ *11/17/2003*

For Paperwork Reduction Act Notice, see Instruction

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: HABITAT FOR HUMANITY OF PULASKI COUNTY, P.O. BOX 1326, LITTLE ROCK, AR 72203.

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

Form 990 (checked), Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• 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 ... and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15/2004
5 For calendar year, or other tax year beginning 07/01/2002 and ending 06/30/2003
6 If this tax year is for less than 12 months, check reason
7 State in detail why you need the extension DESPITE DILIGENT EFFORTS, TAXPAYER IS UNABLE TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
c Balance Due. Subtract line 8b from line 8a 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: [Handwritten Signature] Title: Treasurer Date: 2/13/04

Notice to Applicant - To Be Completed by the IRS

Checkboxes for: We have approved this application, We have not approved this application (10-day grace period), We have not approved this application (cannot grant request), We cannot consider this application because it was filed after the due date, Other

By _____ Date _____
Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Table with 3 rows: Name, Number and street (include suite, room, or apt. no.) Or a P.O. box number, City or town, province or state, and country (including postal or ZIP code)