

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2003**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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 2003 calendar year, or tax year beginning , 2003, and ending ,**B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

HABITAT FOR HUMANITY
ABILENE, INC.
P O BOX 1267
ABILENE, TX 79604-1267

D Employer Identification Number

75-2321956

E Telephone number

325-670-0489

F Accounting method:☐ Cash☒ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If 'Yes,' enter number of affiliates ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No**I Group Exemption Number** ▶ 8545**M Check** ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 ▶ 752,524.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions)**1 Contributions, gifts, grants, and similar amounts received:****a** Direct public support**1a** 78,872.**b** Indirect public support**1b****c** Government contributions (grants)**1c** 148,450.**d Total** (add lines 1a through 1c) (cash \$ 227,322. noncash \$)**1d** 227,322.**2 Program service revenue including government fees and contracts** (from Part VII, line 93)**2** 513,816.**3 Membership dues and assessments****3****4 Interest on savings and temporary cash investments****4** 2,987.**5 Dividends and interest from securities****5****6a 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****8a Gross amount from sales of assets other than inventory****(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses**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). If any amount is from **gaming**, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a** 8,399.**b** Less: direct expenses other than fundraising expenses**9b** 1,816.**c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c** 6,583.

Statement 1

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****12 Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 750,708.**13 Program services** (from line 44, column (B))**13** 563,256.**14 Management and general** (from line 44, column (C))**14** 39,546.**15 Fundraising** (from line 44, column (D))**15** 35,606.**16 Payments to affiliates** (attach schedule)**16****17 Total expenses** (add lines 16 and 14, column (A))**17** 638,408.**18 Excess or (deficit) for the year** (subtract line 17 from line 12)**18** 112,300.**19 Net assets or fund balances at beginning of year** (from line 73, column (A))**19** 968,934.**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** 1,081,234.RECEIVED
SCANNED JUL 29 2004

EXPENSES

ASSETS

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____) non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	47,668.	19,069.	14,300.
26	Other salaries and wages	26	71,213.	51,911.	10,769.
27	Pension plan contributions	27	1,993.	798.	597.
28	Other employee benefits	28	18,427.	13,343.	2,542.
29	Payroll taxes	29	8,171.	5,148.	1,634.
30	Professional fundraising fees	30			
31	Accounting fees	31	4,525.	2,851.	905.
32	Legal fees	32			
33	Supplies	33	255,849.	255,055.	429.
34	Telephone	34	13,623.	10,699.	1,581.
35	Postage and shipping	35	4,473.	3,031.	780.
36	Occupancy	36	6,000.	6,000.	
37	Equipment rental and maintenance	37	3,682.	2,516.	630.
38	Printing and publications	38	7,700.	5,386.	1,251.
39	Travel	39	469.	410.	32.
40	Conferences, conventions, and meetings	40			
41	Interest	41	24,657.	24,657.	
42	Depreciation, depletion, etc (attach schedule)	42	7,203.	4,929.	1,229.
43	Other expenses not covered above (itemize)				
a	See Statement 2	43a	162,755.	157,453.	2,867.
b		43b			
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	638,408.	563,256.	39,546.

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 AccomplishmentsWhat is the organization's primary exempt purpose? **HOMES FOR DISADVANTAGED FAMILIES**

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

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

a	See Statement 3			
	(Grants and allocations \$ _____)			563,256.
b				
	(Grants and allocations \$ _____)			
c				
	(Grants and allocations \$ _____)			
d				
	(Grants and allocations \$ _____)			
e	Other program services (Grants and allocations \$ _____)			
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)			563,256.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	79,286.	45	61,522.
	46 Savings and temporary cash investments	58,190.	46	20,488.
	47 a Accounts receivable	47 a 849.		
	b Less: allowance for doubtful accounts	47 b	26,259.	47 c 849.
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable	10,692.	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a 1,071,115.		
	b Less: allowance for doubtful accounts	51 b	1,026,849.	51 c 1,071,115.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	☐ Cost ☐ FMV	54	
	55 a Investments — land, buildings, & equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b		55 c
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	57 a 91,055.			
b Less: accumulated depreciation (attach schedule)	57 b 53,261.	37,966.	57 c 37,794.	
58 Other assets (describe ▶ See Statement 5)		319,673.	58 498,753.	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,558,915.	59 1,690,521.	
LIABILITIES	60 Accounts payable and accrued expenses	77,351.	60	83,376.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	434,498.	64 b	444,902.
	65 Other liabilities (describe ▶ See Statement 6)	78,132.	65	81,009.
66 Total liabilities (add lines 60 through 65)	589,981.	66	609,287.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	965,934.	67	1,081,234.
	68 Temporarily restricted	3,000.	68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ 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)	968,934.	73	1,081,234.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,558,915.	74	1,690,521.

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	752,524.
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 7 \$ 1,816.		
	Add amounts on lines (1) through (4)	b	1,816.
c	Line a minus line b	c	750,708.
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	750,708.

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

a	Total expenses and losses per audited financial statements	a	640,224.
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 8 \$ 1,816.		
	Add amounts on lines (1) through (4)	b	1,816.
c	Line a minus line b	c	638,408.
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	638,408.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 9				
		42,781.	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?

If 'Yes,' attach schedule - see instructions.

☐ Yes

☒ No

Part VI Other Information (See 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	76		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.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		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?	80a		X
b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is ☐ exempt or ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		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?	82a		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	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			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
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?	85h	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90a	List the states with which a copy of this return is filed <u>None</u>			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b		6
91	The books are in care of <u>KEVIN COLEMAN</u> Telephone number <u>325-670-0489</u> Located at <u>P.O. BOX 1267, ABILENE, TX</u> ZIP + 4 <u>79604-1267</u>			
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 <u>92</u>			N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a HOUSE SALES					270,011.
b LOAN ORIGATION FEES					2,790.
c MISCELLANEOUS INCOME					12,843.
d MORTGAGE LOAN DISCOUN					187,863.
e RESTORE OPERATIONS					40,309.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					2,987.
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			3	6,583.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				6,583.	516,803.
105 Total (add line 104, columns (B), (D), and (E))					523,386.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93,102	TO PROVIDE DECENT, AFFORDABLE HOUSING TO DISADVANTAGED FAMILIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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



Date

07/20/04

Date

7-19-04

Check if self-

Preparer's SSN or PTIN (see General Instruction W)

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

OMB No 1545-0047

Name of the organization

Employer Identification number

Part I

(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 and deferred compensation	(e) Expense account and other allowances
NONE				
		0.	0.	0.
Total number of other employees paid over \$50,000	0			

Part II

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0.
Total number of others receiving over \$50,000 for professional services	0	

Schedule A (Form 990 or 990-EZ) 2003

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 ► \$ <u> N/A </u> (Must equal amounts 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions) a Sale, exchange, or leasing of property? b Lending of money or other extension of credit? c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? e Transfer of any part of its income or assets?	2a 2b 2c 2d 2e	X X X X X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ 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.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	258,513.	194,689.	245,973.	230,767.	929,942.
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	356,552.	420,669.	458,720.	488,462.	1,724,403.
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	2,663.	9,513.	18,165.	10,895.	41,236.
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 See Stmt 10			538.	800.	1,338.
23 Total of lines 15 through 22	617,728.	624,871.	723,396.	730,924.	2,696,919.
24 Line 23 minus line 17	261,176.	204,202.	264,676.	242,462.	972,516.
25 Enter 1% of line 23	6,177.	6,249.	7,234.	7,309.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 19,450.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 57,046.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 972,516.
d Add: Amounts from column (e) for lines:	18 41,236.	19			
	22 1,338.	26b 57,046.			
e Public support (line 26c minus line 26d total)					26d 99,620.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 872,896.
					26f 89.76 %
27 Organizations described on line 12: N/A					
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					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
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:					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add: Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V**Private School Questionnaire** (See instructions.)

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

N/A

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

Yes No

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?

31

If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32 a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32 d

If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

33 a

b Admissions policies?

33 b

c Employment of faculty or administrative staff?

33 c

d Scholarships or other financial assistance?

33 d

e Educational policies?

33 e

f Use of facilities?

33 f

g Athletic programs?

33 g

h Other extracurricular activities?

33 h

If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34 a

b Has the organization's right to such aid ever been revoked or suspended?

34 b

If you answered 'Yes' to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation

35

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

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked 'a' and 'limited control' provisions apply.

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	The lobbying nontaxable amount is —		
	Over \$500,000 but not over \$1,000,000	20% of the amount on line 40		
	Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$17,000,000	\$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.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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:

[illegible]

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

HABITAT FOR HUMANITY
ABILENE, INC.

75-2321956

Statement 1

Form 990, Part I, Line 9

Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
MUSICAL SHOW AND RAFFLES	8,399.	0.	8,399.	1,816.	6,583.
Total	<u>\$ 8,399.</u>	<u>\$ 0.</u>	<u>\$ 8,399.</u>	<u>\$ 1,816.</u>	<u>\$ 6,583.</u>

Statement 2

Form 990, Part II, Line 43

Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING	4,436.	4,436.		
BANK CHARGES	713.	578.	73.	62.
CONTRACT LABOR	5,937.	5,896.	22.	19.
DUES & SUBSCRIPTIONS	996.	683.	169.	144.
INSURANCE	8,238.	5,875.	1,278.	1,085.
MISCELLANEOUS	3,925.	3,650.	149.	126.
MORTGAGE DISCOUNTS	128,426.	128,426.		
OFFICE EQUIPMENT	183.	172.	6.	5.
SALES AND USE TAXES	3,078.	3,078.		
VEHICLE	4,332.	2,974.	734.	624.
VOLUNTEER EXPENSES	2,491.	1,685.	436.	370.
Total	<u>\$ 162,755.</u>	<u>\$ 157,453.</u>	<u>\$ 2,867.</u>	<u>\$ 2,435.</u>

Statement 3

Form 990, Part III, Line a

Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
CONSTRUCT AND/OR REHABILITATE HOUSES FOR SALE TO DISADVANTAGED FAMILIES WHO QUALIFY FOR HOME OWNERSHIP. SIX HOMES WERE SOLD AT NO FINANCIAL GAIN FOR HABITAT AND ARE FINANCED WITH NO INTEREST BY OUR ORGANIZATION TO THE HOMEOWNERS.		563,256.
	<u>\$ 0.</u>	<u>\$ 563,256.</u>

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 18,284.	\$ 12,149.	\$ 6,135.
Furniture and Fixtures	37,625.	34,377.	3,248.
Buildings	35,146.	6,735.	28,411.
Total	<u>\$ 91,055.</u>	<u>\$ 53,261.</u>	<u>\$ 37,794.</u>

Statement 5
Form 990, Part IV, Line 58
Other Assets

CERTIFICATES OF DEPOSIT PLEDGED ON DEBT	\$ 20,570.
CONSTRUCTION IN PROCESS	362,634.
HABITAT INTERNATIONAL LOAN RESERVE	8,601.
LAND FOR FUTURE DEVELOPMENT	40,405.
RESTRICTED MONEY MARKET DEPOSITS	66,543.
Total	<u>\$ 498,753.</u>

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

ESCROW ACCOUNTS	\$ 66,543.
HOMEOWNER ASSISTANCE DONATIONS	14,466.
Total	<u>\$ 81,009.</u>

Statement 7
Form 990, Part IV-A, Line b(4)
Other Amounts

DIRECT COST OF SPECIAL EVENTS	\$ 1,816.
Total	<u>\$ 1,816.</u>

Statement 8
Form 990, Part IV-B, Line b(4)
Other Amounts

DIRECT COSTS OF SPECIAL EVENTS	\$ 1,816.
Total	<u>\$ 1,816.</u>

Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
KEVIN COLEMAN P.O. BOX 1267 ABILENE, TX 79604	Executive Direc 40	\$ 42,781.	\$ 0.	\$ 0.
JENNIFER HAM 817 PIEDMONT DR. ABILENE, TX 79601	BOARD MEMBER 1	0.	0.	0.
AVERY POTTS P.O. BOX 701 ABILENE, TX 79604	BOARD MEMBER 1	0.	0.	0.
NELL SIMS 2137 IDLEWILD ABILENE, TX 79605	BOARD MEMBER 1	0.	0.	0.
STEVE SCOTT 2801 N 6TH ABILENE, TX 79603	BOARD MEMBER 1	0.	0.	0.
SHIRLEY DAVILA 619 POPLAR ABILENE, TX 79602	BOARD MEMBER 1	0.	0.	0.
DONNA THORNE 3002 N 12TH ABILENE, TX 79603	BOARD MEMBER 1	0.	0.	0.
TIM KENNEDY 1025 MEANDER ABILENE, TX 79602	BOARD MEMBER 1	0.	0.	0.
JEAN BUTLER 1478 WESTVIEW ABILENE, TX 79603	BOARD MEMBER 1	0.	0.	0.
OVELIA CAMPOS 1834 UNIVERSITY ABILENE, TX 79603	BOARD MEMBER 1	0.	0.	0.
DAVID DILLMAN ACU BOX 28276 ABILENE, TX 79699	Chair Elect 1	0.	0.	0.
TAMMY KISTER 510 S JEFFERSON ABILENE, TX 79605	BOARD MEMBER 1	0.	0.	0.

Statement 9 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
BILL TILLMAN HSU BOX 16235 ABILENE, TX 79698	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
SALLY BARNES 2585 S DANVILLE ABILENE, TX 79605	BOARD MEMBER 1	0.	0.	0.
DAVID JONES P.O. BOX 5437 ABILENE, TX 79608	BOARD MEMBER 1	0.	0.	0.
GREG KAISER P.O. BOX 7390 ABILENE, TX 79608	BOARD MEMBER 1	0.	0.	0.
JASON MORRIS 2965 RED OAK CIRCLE ABILENE, TX 79606	BOARD MEMBER 1	0.	0.	0.
DARRELL ROBERTS 1242 CLINTON ABILENE, TX 79603	BOARD MEMBER 1	0.	0.	0.
MINNIE RUIZ 2002 GRAPE ABILENE, TX 79603	BOARD MEMBER 1	0.	0.	0.
MARGARET SUGGS 1634 MESQUITE ABILENE, TX 79601	BOARD MEMBER 1	0.	0.	0.
SANTOS SOSA 3447 S 12TH ABILENE, TX 79605	BOARD MEMBER 1	0.	0.	0.
CURTIS TOMME 400 OAK ST STE 110 ABILENE, TX 79602	BOARD MEMBER 1	0.	0.	0.

Total \$ 42,781. \$ 0. \$ 0.

2003

Federal Statements

HABITAT FOR HUMANITY
ABILENE, INC.

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Statement 10
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
OTHER	\$ 0.	\$ 0.	\$ 538.	\$ 800.	\$ 1,338.
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 538.</u>	<u>\$ 800.</u>	<u>\$ 1,338.</u>

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

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

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note: Form 990-T corporations** requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	HABITAT FOR HUMANITY ABILENE, INC.		75-2321956
	Number, street, and room or suite number. If a P O box, see instructions.		
	P O BOX 1267		
	City, town or post office. For a foreign address, see instructions.		state ZIP code
	ABILENE, TX 79604-1267		

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

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (Section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ 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 8/15, 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 03 or► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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.

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.

\$ 0.

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.

Signature and Verification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Charles J. Egan

Title ►

CPA

Date ►

5/11/04

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2000)