

Form **990-EZ**

Short Form

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545-1150

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2002 calendar year, or tax year beginning JULY 1, 2002, and ending JUNE 30, 2003

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

Please use IRS label or print or type See Specific Instructions.

C Name of organization: CHAFFEE COUNTY HABITAT FOR HUMANITY, Box 4938, BUENA VISTA, COLORADO 81211-4936

D Employer identification number: 84-1536141, E Telephone number: 1719-395-8076, F Enter 4-digit (GEN): 8445

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

G Accounting method: [X] Cash [] Accrual, Other (specify)

I Web site, J Organization type (check only one): [X] 501(c)(3) (insert no), [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF)

K Check [] 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 Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue (78,549), expenses (9,177), and net assets (134,347).

FILMED NOV 19 2003

238 Expenses, Net Assets

Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 39 of the instructions)

22 Cash, savings, and investments, 23 Land and buildings, 24 Other assets (describe): TOOLS & EQUIPMENT, 25 Total assets, 26 Total liabilities (describe): NOTES PAYABLE - LAND, 27 Net assets or fund balances

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows 22-27 showing asset and liability values.

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form 990-EZ (2002)

Handwritten signature/initials

Handwritten mark

Part III Statement of Program Service Accomplishments (See page 39 of the instructions)

What is the organization's primary exempt purpose? CONSTRUCT LOW INCOME HOUSING
 Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
28	<u>CONSTRUCTED ONE HOUSE AND SOLD IT TO A LOW INCOME FAMILY WITH A NO INTEREST MORTGAGE</u> (Grants \$)	28a
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 40 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>ATTACHED</u>				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b		<input checked="" type="checkbox"/>
39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" type="checkbox"/>
40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		<input checked="" type="checkbox"/>
b 501(c)(3) and (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 an explanation		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d Enter Amount of tax on line 40c, above, reimbursed by the organization ▶		
41 List the states with which a copy of this return is filed ▶		
42 The books are in care of ▶ <u>CLIFFORD H. MESTEL</u> Telephone no ▶ <u>(719) 395-8076</u> Located at ▶ <u>12974 CR 314B BUENA VISTA CO</u> ZIP + 4 ▶ <u>81211-9102</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ <u>43</u>		

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: Clifford H. Mestel Date: 11/7/03
 Title: TREASURER

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

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

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

Supplementary Information—(See separate instructions.)

Name of the organization

CHAFFEE COUNTY HABITAT FOR HUMANITY

Employer identification number

94-1536141

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				

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		

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 amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		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 expenses 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?		NA
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)	67,696	42,010	15,474	7,000	132,180
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	10,853	2,528	7,320	927	21,628
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	85	333	405		833
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	78,644	44,871	23,199	7,927	154,641
24 Line 23 minus line 17	67,791	42,343	15,879	7,000	133,013
25 Enter 1% of line 23	786	449	232	79	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	2,660
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	12,112
c Total support for section 509(a)(1) test. Enter line 24, column (e)		▶	26c	133,013
d Add Amounts from column (e) for lines	18 833 19 -0-		26d	12,945
	22 -0- 26b 12,112		26e	120,068
e Public support (line 26c minus line 26d total)		▶	26f	90%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶		

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

(2001) (2000) (1999) (1998)

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 _____		27c	
	17 _____ 20 _____ 21 _____		27d	
d Add Line 27a total	_____ and line 27b total _____		27e	
e Public support (line 27c total minus line 27d total)				
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

CHAFFEE COUNTY HABITAT FOR HUMANITY

84-1536141

June 30, 2003

Part I, Line 16 - Other Expenses

Advertising	\$ 40
Annual fee to HFHC	1,000
Dues and subscriptions	153
Insurance	1,136
Miscellaneous	397
Processing fees	1,460
Tithe - HFHI	<u>3,431</u>
Total	\$ <u>7,618</u>

Part IV - List of Officers, Directors

	B	C	D	E
James Culbertson, Box 16, Buena Vista, CO 81211 - President	20	0	0	0
Farrell Coy, 18755 CR 306, Buena Vista, CO 81211 - Vice-President	5	0	0	0
Debbie Farrell, Box 5004, Buena Vista, CO 81211 - Secretary	2	0	0	0
Clifford A. Mestel, 12874 CR 314B, Buena Vista, CO 81211 - Treasurer	5	0	0	0
Hugh Neas, Box 1608, Buena Vista, CO 81211	10	0	0	0
Dallas Campbell, 15200 Chimney Rock Road, Nathrop, CO 81236	2	0	0	0
Judy Goldstock, 131 Heather Lane, Howard, CO 81233	5	0	0	0
Pat Riley, 7 Rex Circle, Salida, CO 81201	2	0	0	0
Lois Walton, 33960 Surrey Lane, Buena Vista, CO 81211	2	0	0	0
Jeanne Rasmussen, 11620 CR 251, Salida, CO 81211	5	0	0	0
Kenneth Harrison, 30452 Mountanside Drive, Buena Vista, CO 81211	10	0	0	0
Willem O'Reilly, 623 Cedar Street, Buena Vista, CO 81211	2	0	0	0
Diane Alexander, 16411 CR 384, Buena Vista, CO 81211	5	0	0	0
Monette Butler, 32700 Aspen Drive, Buena Vista, CO 81211	5	0	0	0
Becky Worthen, 130 Cornell Drive, Buena Vista, CO 81211	1	0	0	0