Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2003

Open to Public

	A F	or the 20	003 calendar year, or tax year beginning OCT 1, 2003 and ending SEP 30,	2004	
	Вс	Check if	Please C Name of organization D Er	nployer ide	ntification number
		pplicable	use IRS		
		Address change	print or HABITAT FOR HUMANITY OF LEE COUNTY, INC.	<u>59-22:</u>	36174
		Name change	type. Number and street (or P.O box if mail is not delivered to street address) Room/suite E Te	lephone nu	
]initial retum	Specific 1288 NORTH TAMIAMI TRAIL	(239)	652-0434
		Final return	linstructions City or town, state or country, and ZIP + 4	counting method	
		Amender return	NORTH FORT MIERS, FE 33903	Other (specify)	·
		Applicati pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicab	le to sectio	on 527 organizations.
			must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return	for affiliates	s? 🔲 Yes 🗶 No
	G V	Vebsite:	►N/A H(b) If "Yes," enter numbe	r of affiliates	>
	1 ()rganizat	lon type (check only one) ► X 501(c) (3) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527 H(c) Are all affiliates inclu		/ A Yes No
	K (heck her	if the organization's gross receipts are normally not more than \$25,000. The H(d) Is this a separate reti		n or-
	O	rganizati	on need not file a return with the IRS; but if the organization received a Form 990 Package ganization covered b	y a group ru	ling? Yes X No
		n the mai	i, it should file a return without financial data. Some states require a complete return.	mber 🕨	
			M Check ► I of the	organizatio	n is not required to attach
	<u>L (</u>	Pross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 2 8, 791, 595. Sch. B (Form 990, 99	30-EZ, or 99	0-PF).
	Pi	rt!	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
		1	Contributions, gifts, grants, and similar amounts received:		
		a	Direct public support	<u>.</u>	
		b	Indirect public support	_	
		С	Government contributions (grants)	<u>.</u>	
		d	Total (add lines 1a through 1c) (cash \$ 3,527,843. noncash \$ 294,511.)	10	3,822,354.
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,717,036.
		3	Membership dues and assessments.	3	
		4	Interest on savings and temporary casicinvestiments	4	
		5	Dividends and interest from securities	5	1,649.
		6 a	Gross rents S FEB 1 4 2009 6h	_	
		b	Less rental expenses 6b 6b		
		C	Net rental income or (loss) (subtract-line 6h from line 6a) OC	6c	
	•	7	Other investment income (describe)	7	
	Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other	.	
	ě		than inventory	_	
	E ,	b	Less: cost or other basis and sales expenses 111,985. 8b	.	
		C	Gain or (loss) (attach schedule) 466,495. 8c	」	
		d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT1	8d	466,495.
		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)	<u>-</u>	
			Less direct expenses other than fundraising expenses . 9b	-	100 110
			Net income or (loss) from special events (subtract line 9b from line 9a) . SEE STATEMENT 2	9c	128,118.
27		l .	Gross sales of inventory, less returns and allowances	4	
2002			Less: cost of goods sold 10b 226,519	_	217 420
ro E		l	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 3	100	317,439.
67		11	Other revenue (from Part VII, line 103)	11	0.452.001
			Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	8,453,091.
	Ś	13	Program services (from line 44, column (B))	13	4,877,467.
	Expenses		Management and general (from line 44, column (C))	14	353,618.
\Box	Š		Fundraising (from line 44, column (D))	15	197,126.
Щ	ω	16	Payments to affiliates (attach schedule)	16	E 420 211
É			Total expenses (add lines 16 and 44, column (A))	17	5,428,211.
₹	S	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	3,024,880.
SCANNED	Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	12,689,038.
U)	-4		Other changes in net assets or fund balances (attach explanation)	20	0. 15 712 019
	3230	21 01 .	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	15,713,918.
	3230 12-1	7-03 l	.HA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2003)

HABITAT FOR HUMANITY OF LEE COUNTY, INC. Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22 Grants and allocations (attach schedule) noncash \$_ 23 23 Specific assistance to individuals (attach schedule) 24 Benefits paid to or for members (attach schedule) 24 82,500. 82,500.25 Compensation of officers, directors, etc. 25 0. 149,054. 68,790. 80,264. 26 26 Other salaries and wages 27 Pension plan contributions 27 28 28 Other employee benefits 29 Payroll taxes 29 30 30 Professional fundraising fees 31 Accounting fees 31 8,180. 8,180. 32 32 Legal fees 70,490. 74,188. 3,698. 33 33 Supplies 34 Telephone 34 35 35 Postage and shipping 36 Occupancy 36 37 Equipment rental and maintenance 37 38 Printing and publications 38 39 Travel . . . 39 40 Conferences, conventions, and meetings 40 369. 369. 41 41 122,112. 122,112. 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 43a 43b 43c 434 SEE STATEMENT 4 4,682,867. 4,991,808. 111,815. 197,126. 43e Total functional expenses (add lines 22 through 43)
Organizations completing columns (8)-(0), carry these totals to lines 13-15

44 4,877,467. 5,428,211. 353,618. Joint Costs. Check \(\bigcup \leftarrow \leftarrow \rightarrow \r 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 # | Statement of Program Service Accomplishments What is the organization's primary exempt purpose? Program Service Expenses TO PROVIDE AFFORDABLE HOUSING All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Required for 501(c)(3) and (4) orga., and 4947(a)(1) trusts, but optional for others 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) a HABITAT FOR HUMANITY IS DEDICATED TO PROVIDING HOUSING FOR FAMILIES WHO CANNOT OTHERWISE AFFORD A DECENT PLACE TO LIVE 4,877,467. (Grants and allocations \$ b (Grants and allocations \$ (Grants and allocations \$ d (Grants and allocations \$ e Other program services (attach schedule) (Grants and allocations \$ 4,877,467. f Total of Program Service Expenses (should equal line 44, column (B), Program services)

59-2236174

59-2236174

Part IV Balance Sheets

Form 990 (2003)

Note		re required, attached schedules and amounts with ild be for end-of-year amounts only.	nin the description column	(A) Beginning of year		(B) End of year
				202 655		1 627 520
	45	Cash - non-interest-bearing		292,655.	45	1,637,530.
	46	Savings and temporary cash investments		68,565.	48	70,125.
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
		<u> </u>				
	48 a	Pledges receivable	48a			
	49	Less allowance for doubtful accounts Grants receivable	48b	-	48c	
	50	Receivables from officers, directors, trustees,	· · ·		49	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Assets	"	and key employees			50	
	51 a	Other notes and loans receivable	51a 9,039,327.			
	Ь	Less: allowance for doubtful accounts	FAL	8,078,695.	51c	9,039,327.
	52	Inventories for sale or use		209,525.	52	243,988.
	53	Prepaid expenses and deferred charges		1,364.	53	1,500.
	54	Investments - securities			54	
	55 a	Investments - land, buildings, and	Г			
		equipment: basis	55a		.]	
	1	Less: accumulated depreciation	556	6 007 400	55c	7 074 760
	56		E STATEMENT 5	6,097,402.	56	7,074,768.
	57 a	Land, buildings, and equipment: basis	$\begin{bmatrix} 57a & 4,498,597. \\ 57b & 445,457. \end{bmatrix}$	1 161 221		4 052 140
	b	Less: accumulated depreciation Other assets (describe	57b 445,457.	4,161,221.	57c 58	4,053,140.
	36	Other assets (describe			- 20	
	59	Total assets (add lines 45 through 58) (must equal line	e 74)	18,909,427.	59	22,120,378.
	60	Accounts payable and accrued expenses		50,971.	60	44,383.
	81	A		•	61	
	62	Deferred revenue	[62	
ties	63	Loans from officers, directors, trustees, and key emplo	yees [63	
Liabilities		Tax-exempt bond liabilities			64a	
Ë	b	Mortgages and other notes payable	<u> </u>	1,882,701.	64b	1,721,144.
	65	Other liabilities (describe SE	E STATEMENT 6	4,286,717.	65	4,640,933.
	66	Total liabilities (add lines 60 through 65)		6,220,389.	66	6,406,460.
			and complete lines 67 through			0/10/1000
.		69 and lines 73 and 74			- 1	
Š	67	Unrestricted		12,689,038.	67	15,713,918.
alar	68	Temporarily restricted			68	
P B	69	Permanently restricted	<u> </u>		69	
Š	Organ	nizations that do not follow SFAS 117, check here	and complete lines			
2	70	70 through 74.				
ets	70	Capital stock, trust principal, or current funds			70	
Net Assets or Fund Balances	71 72	Paid-in or capital surplus, or land, building, and equipr Retained earnings, endowment, accumulated income,			71 72	
let /	73	Total net assets or fund balances (add lines 67 through	· · · · · · · · · · · · · · · · · · ·		14	
Z	"	column (A) must equal line 19; column (B) must equal	12,689,038.	73	15,713,918	
	74	Total liabilities and net assets / fund balances (add ii		18,909,427.	74	15,713,918. 22,120,378.

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.

Form 990 (2003)			R HUMANITY							
Part IV-A	Reconciliation of Revo			Par	IV-B	Reconc	iliation of E	xpense	s per A	udited
	Financial Statements Return	with I	Revenue per			Financi Return	al Statemer	its with	1 Expen	ses per
a Total reven	ue, gains, and other support			a	Total expe	nses and lo	SSes per		T	
per audited	financial statements .	▶ a	8,711,386.		audited fir	nancial state	ments		a 5,	686,506.
b Amounts in	cluded on line a but not on	į		b	Amounts line 17, Fo		line a but not on			
line 12, For				(1)	Donated s	ervices				
(1) Net unrealiz	*						\$		-	
on investm	· · · · · · · · · · · · · · · · · · ·			(2)	-	adjustment	s			
(2) Donated se					•	on line 20,				
and use of	· · · · · · · · · · · · · · · · · · ·				Form 990		\$		-	
(3) Recoveries	•			(3)	Losses re	•	•			
year grants		-		۸,	line 20, Fo		2		-	
(4) Other (spec	ally). ●				Other (spo TMT 7		s 258	295.		
Add amoun	its on lines (1) through (4)	<u> </u>	0.	ا ا			(1) through (4)	233.	- F 3	258,295.
c Line a mini		▶ 6	8,711,386.	c		nus line b				428,211.
	scluded on line 12. Form	۴	07.2270001	ď			line 17, Form		7	120/2111
990 but not				"		ot on line a				
(1) Investment	expenses	ł		(1)	Investmer	nt expenses				
not include				`''	not includ	•				
line 6b, For			,		line 6b, Fo		\$			
(2) Other (spec		_		(2)	Other (sp					
STMT 8	\$ <258,295	5.≱		``			s			
Add amoun	its on lines (1) and (2)	▶d	<258,295.	⊳	Add amou	ints on lines	(1) and (2)		d	0.
e Total reven	ue per line 12, Form 990			е	Total expe	nses per lin	e 17, Form 990			
(line c plus	line d)	▶ 8	8,453,091.		(line c plu	s line d)		•	- e 5,	428,211.
Part V L	ist of Officers, Director	s, Trı	istees, and Key E					pensated.)	
	(A) Name and addre	20		(B) Ti De	tie and ave Ir week dev	rage hours oted to	(C) Compensati (If not paid, ent	on (D)Co	ntributions to oyee benefit s & deferred	(E) Expense account and
	(77) 101110 0110 00010		 		positio	n	-0)	CON	pensation	other allowances
								}		
GEE CON	TEMENT 9						02 500		^	_
SEE STA	TEMENT 9						82,500	' - 	0.	0.
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78 84 4 10 10						400.000.1			Lasta * :	l
	er, director, trustee, or key employ s. of which more than \$10,000 wa		• • •							

Form	990 (2003) HABITAT FOR HUMANITY OF LEE COUNTY, INC. 59-2236	174		Page 5
Pa	t VI Other Information		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?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	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		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a				
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
b	If "Yes," enter the name of the organization	353		
	and check whether it is exempt or nonexempt			
81 a	Enter direct or indirect political expenditures. See line 81 instructions.			
	Did the organization file Form 1120-POL for this year?	81 b	†	Х
82 a		OID		
0 2	fair rental value?	82a	х	
h	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	024		
•	1 1 00 000	` `		ĺ
83 a	expense in Part II (See instructions in Part III.) Did the organization comply with the public inspection requirements for returns and exemption applications?	99-	х	
oo a b	Did the arganization comply with the disclosure requirements misting to guid are gue contributions?	83a	X	
		83b	^	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			İ
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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			į
đ	Section 162(e) lobbying and political expenditures 85d N/A			į
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		:	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		: 1	;
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
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			İ
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			ł
	against amounts due or received from them.)			ł
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
89 a				-
	section 4911 ► 0 • , section 4912 ► 0 • ; section 4955 ► 0 •			
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.
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed N/A		-	
b	Number of amployees amployeed in the pay period that includes March 12, 2002			40
91	The books are in care of ► VERNON E. ARCHIBALD Telephone no ► 239-65	2-0	434	
91	Telephone in Care of Parameter 21 International Internatio	_ 0	137	
	Located at ► 1288 NORTH TAMIAMI TRAIL, N. FORT MYERS, FL ZIP+4 ► 3	390	3	
	LUCATION OF TEOD MONTH TIME TIME TOTAL PILENCY FIL	570	<u> </u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶ □	_
JE	and enter the amount of tax-exempt interest received or accrued during the tax year . 92	N/	~ ∟ Δ	
32304° 12-17-				(2003)
12-1/-	w			

Part VII Analysis of Income-Producing			tions)		
Note: Enter gross amounts unless otherwise		ted business income	-	ded by section 512, 513, or 514	(E)
indicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion	Amount	function income
a LOW COST HOUSING					3,717,036.
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					
96 Dividends and interest from securities			14	1,649.	
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			18		
101 Net income or (loss) from special events			12	128,118.	
102 Gross profit or (loss) from sales of inventory			05	317,439.	
103 Other revenue					
a					
b					
C					
d					
8					
104 Subtotal (add columns (B), (D), and (E))	,	0.		913,701.	3,717,036.
105 Total (add line 104, columns (B), (D), and (E))					4,630,737.
Note: Line 105 plus line 1d, Part I, should equal the amo	unt on line 1	2, Part I.			
Part VIII Relationship of Activities to the	Accomp	lishment of Exemp	t Pui	poses (See page 34 of the	instructions)
Line No. Explain how each activity for which income is rep exempt purposes (other than by providing funds			l impor	tantly to the accomplishment o	of the organization's
93A HABITAT PROVIDES HOUSIN			CA	NNOT OTHERWIS	
AFFORD A DECENT PLACE T			CH	MIOI OIIIDIMID	<u> </u>
		FAMILIES MO	WIN	C TNTO HARTTA	T HOMES.
102 TROVIDED TO RECIBI DOW-	THEOTIL	THILLIED INC	V III	d INIO IMBIIA	I HOHED.
Part X Information Regarding Taxable	Subsidia	ries and Disregard	ed Fi	ntities (See page 34 of the I	nstructions.)
(A) (B)		(C)		(0)	(E)
Name, address, and EIN of corporation, Percentage of partnership, or disregarded entity ownership interest.		Nature of activities		Total income	End-of-year assets
partitionship, or disregarded drifty Ownership intere	%				
N/A	%				
	%				
	%				
Part X Information Regarding Transfer		ated with Desensal	Ren	efit Contracte (See name	a 34 of the instructions \
(a) Did the organization, during the year, receive any funds,					Yes X No
• • • • • • • • • • • • • • • • • • • •	-				Yes X No
(b) Did the organization, during the year, pay premiums, dir	ocay or maired	auy, on a personal denem co	mtract	·	231
		companying schedules and	stateme	ents, and to the best of my knowledge,	ge and beilef, it is true,
		offermation of which prepare	r hae an	y knowledge.	sident/CEU
		10 To	/DA OF T	rint name and title	21944/ 660

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Tressury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 601(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

2003

Employer Identification number

HABITAT FOR HUMANITY OF LEE COUNTY, INC. 59⁻ 2236174 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.") (b) Title and average hours per week devoted to (e) Expense account and other (a) Name and address of each employee paid employee benefit plans & deferred compensation (c) Compensation more than \$50,000 position allowances GLADYS SCHNIDER **VP OPERATIONS** 59,000 AS REQUIRED VP CONSTRUCT BECKY SANDERS 57,000 AS REQUIRED MIKE MANSFIELD VP DEVELOPMT AS REQUIRED 59,650. 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 0 \$50,000 for professional services

Schedule A (Form 990 or 990-EZ) 2003 HABITAT FOR HUMANITY OF LEE COUNTY, INC.	59-223	<u> </u>	4 1	age 2
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 3:	B, Part VI-A,			
or line i of Part VI-B)		1	X	L
Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations chec	king			
"Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			ŧ	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contrib	utors,			
trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which an	y such			
person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Y	es,"		F	
attach a detailed statement explaining the transactions.)				
a Sale, exchange, or leasing of property?		2a		X
b Lending of money or other extension of credit?		2b		X
				ĺ
c Furnishing of goods, services, or facilities?		2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d		X
e Transfer of any part of its income or assets?		28		Х
3 a 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		Х
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)		•	<u> </u>	
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	,			
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 part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support fr	nublic			
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, a	nd aross			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33	-			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines				
by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)	asquittu			
by the diganization after sums 50, 1375. See Section 505(a)(2). (Also complete the support seneral of the art is A)				
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports org	anizations descr	iped iu.		
(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)(2).				
Provide the following information about the supported organizations (See page 5 of the instruction				
	Ī	(b) Lir	e num	ber
(a) Name(s) of supported organization(s)			om abo	
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)	, L.			

Sche	dule A (Form 990 or 990-EZ) 2003 H					-2236174 Page 3
	Note: You may use the	Complete only if you ch he worksheet in the ins	ecked a box on line 10 tructions for converting), 11, or 12.) Use cash g from the accrual to th	method of accounting cash method of acc	ng. counting.
begi	ndar year (or fiscal year nning 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.)	6,490,936.	3,343,046.	2,150,605.	2,519,052.	14,503,639.
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	1,514,310,	2.419.604.	3.382.078.	3.348.289.	10,664,281.
18			6,963.	14,604.	3731072030	24,246.
19	Net income from unrelated business	3				
	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		5,769,613.	5,547,287.	5,867,341.	
24	Line 23 minus line 17		3,350,009.		2,519,052.	
25	Enter 1% of line 23	80,079.	57,696.	55,473.	58,673.	
26	Organizations described on lines 1		٠,٠٠	,	▶ 26a	290,558.
þ	Prepare a list for your records to she		•	•	ž .	‡
	unit or publicly supported organizati	•	•	ded the amount shown in	_ [777 710
_	Do not file this list with your return				≥ 26b ≥ 26c	772,710.
đ	Total support for section 509(a)(1) the Add Amounts from column (e) for its					14,321,003.
u	Add Amounts from Column (4) for t		24,246. 19 26b	772,71	<u>0.</u> ≥ 26d	796,956.
e	Public support (fine 26c minus line 2					13,730,929.
1	Public support percentage (line 26				· · · , —	94.5143%
27	Organizations described on line 12					are a list for your
	records to show the name of, and to	_	ach year from, each "disq	ualified person. " Do not fi	le this list with your retu	ı rn . Enter the sum of
	such amounts for each year (2002)	N/A (2001)	(2	000)	(1999)	
b	,		•			
	and amount received for each year,			•		
	described in lines 5 through 11, as v	•				amount received and
	the larger amount described in (1) o					
	(2002) Add Amounts from column (e) for i	, , , , ,		000) .	(1999)	
ü				16 21	≥ 27c	N/A
đ	Add: Line 27a total	20 an	d line 27b total	· · ·	270	N/A
8	Public support (fine 27c total minus				. 278	N/A
f	Total support for section 509(a)(2) t	•		271	N/A	
g	Public support percentage (lin	e 27e (numerator) div	ided by line 27f (deno	ominator))	▶ 270	N/A %
	Investment income percentag					N/A %
28	Unusual Grants: For an organization to show, for each year, the name of the your return. Do not include these gran	its in line 15	or 12 that received any u I amount of the grant, and	nusual grants during 199 I a brief description of the	99 through 2002, prepare a nature of the grant Do	e a list for your records not file thi s list with

NONE

323121 12-05-03

Schedule A (Form 990 or 990-EZ) 2003

Schedule A (Form 990 or 990-EZ) 2003 HABITAT FOR HUMANITY OF LEE COUNTY, INC. 59-2236174 Page 4

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

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

)	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
	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	ļ	ļ
	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		ĺ	1
	to all parts of the general community it serves? :	31	-	-
	11 765, pidase describe, il 140, pidase explain. (il you need more space, attach a separate statement)	***************************************		
	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c	<u> </u>	L
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	<u> </u>	ļ
	Does the organization discriminate by race in any way with respect to:			
3	Students' rights or privileges?	33a		-
b	Admissions policies?	33b	<u> </u>	├
C	Employment of faculty or administrative staff?	33c		├
d	Scholarships or other financial assistance?	33d		-
8 f	Educational policies?	33e 33f		┢
	Use of facilities? Athletic programs?	330		┢
y h	Other extracurricular activities?	33h	<u> </u>	\vdash
••	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	05		-
				١.
a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		-
כ	Has the organization's right to such aid ever been revoked or suspended?	34b		-
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		ŧ	-
	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50,	1	l	ı

_=-			٠.
N	7	Δ	

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

		(To be completed ONLY by	an eligible organization that f	iled Form 5768)				
Che	eck 🏲 a	if the organization belong	s to an affiliated group.	Check -	b 🗀	ıf you che	cked "a" and "limited contr	rol" provisions apply.
			Lobbying Expenditures' means amounts paid or				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38 39 40 41	Total lobby Total lobby Other exem Total exem Lobbying in If the amou Not over \$500,000	ring expenditures to influence ring expenditures to influence ring expenditures (add lines 30 npt purpose expenditures pt purpose expenditures (add iontaxable amount Enter the sunt on line 40 is -0,000	public opinion (grassroots lot a legislative body (direct lobb 5 and 37)	obying) ying) ile - e amount is -)		36 37 38 39 40	N/A	
	Over \$17,000	000 but not over \$17,000,000				J		
42	Grassroots	nontaxable amount (enter 25	% of line 41)			. 42		
43	Subtract lin	ne 42 from line 36. Enter -0- rf	line 42 is more than line 36			43		
44	Subtract lin	ne 41 from line 38. Enter -0- if	line 41 is more than line 38			. 44	, , , , , , , , , , , , , , , , , , , ,	
_	Caution: /	f there is an amount on eit	her line 43 or line 44, you i	must file Form 4	720.			

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					
Catendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Totai		
45 Lobbying nontaxable amount					0		
46 Lobbying ceiling amount (150% of line 45(e))					0		
47 Total lobbying expenditures					0		
48 Grassroots nontaxable amount		_			0		
49 Grassroots ceiling amount (150% of line 48(e))				77.11	0		
50 Grassroots lobbying expenditures					0		

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to		Yes	No	Amount
infl	luence public opinion on a legislative matter or referendum, through the use of:	168	140	Amount
a	Volunteers		_X_	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)		Х	
	Media advertisements		X	
d	Mailings to members, legislators, or the public		X	
8	Publications, or published or broadcast statements		X	
	Grants to other organizations for lobbying purposes		Х	
	Direct contact with legislators, their staffs, government officials, or a legislative body	X		12,149.
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Х	
ı	Total lobbying expenditures (Add lines c through h.)			12,149.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

· ·Cobodulo A	\ /Farm 000 or 000_E7\ 200	אווט מסש הגחדמגט נ	INNTMY OF THE	COLIMINA	TNC 50 2	22617	A	Dogo (
		3 HABITAT FOR HUM garding Transfers To and				<u>23617-</u> itable	1	Page (
FORE		zations (See page 12 of the instr			iips With Nonchai	Itabie		
51 Did		lirectly or indirectly engage in any of		r organization des	cribed in section			
501	(c) of the Code (other than s	section 501(c)(3) organizations) or in	n section 527, relating to po	olitical organizatio	ns?	,		
		ganization to a noncharitable exempt	organization of:				Yes	No
, -	Cash	•			•	51a(i)		X
	Other assets	•			•	a(ii)		X
	er transactions:					b(I)	ļ	x
	•	its with a noncharitable exempt orgai a noncharitable exempt organization		• • •		b(ii)		X
		ent, or other assets				b(iii)		X
	Reimbursement arrangeme	anto.	• • • •	•• • • •	• • • •	b(lv)		X
• •	Loans or loan guarantees	ints		•		b(v)		X
		membership or fundraising solicitat	ions		• •••	b(vi)		X
		, mailing lists, other assets, or paid e			· · · · · · · · · · · · · · · · · · ·	C		Х
	· · · · · · · · · · · · · · · · · · ·	e is "Yes," complete the following sch	-	always show the f	air market value of the			
goo	ds, other assets, or services	given by the reporting organization.	. If the organization received	d less than fair ma	irket value in any			
tran	saction or sharing arrangen	nent, show in column (d) the value o	f the goods, other assets, o	r services receive	d:	1	<u>N/A</u>	
(a) Line no.	(b) Amount involved	(c) Name of noncharitable ex	empt organization	Description of	(d) transfers, transactions, and	1 sharing arı	angen	nents
				1				
				ļ	····			
								
				<u> </u>				
-+				1				
				<u> </u>				
		directly affiliated with, or related to, ()(3)) or in section 527?	-		bed in section 501(c) of the	Yes	X	∐ No
	es," complete the following							
	(a Name of or		(b) Type of organization		(c) Description of relation	ship		
				ļ				
				-				
	<u></u>			-				
			-	 				
				 			-	
			 	\				
			 	 				
				 				
	 							
								

Page 6

FORM 990 GAIN (LOS	SS) FROM	PUBLICLY	TRADED	SECURIT	IES S	STATEMENT	1
DESCRIPTION	SA	GROSS LES PRICE		ST OR R BASIS	EXPENSE OF SALE	NET GAIN	
LAND SALES		578,480.	1	11,985.	0.	466,49)5.
TO FORM 990, PART I, LINE	E 8	578,480.	1	11,985.	0.	466,49)5.
FORM 990	SPECIAL	EVENTS AN	D ACTI	VITIES	S	STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIP			GROSS REVENUE	DIRECT EXPENSE		2
SPECIAL EVENTS	128,1	18.	 •	128,118	 B.	128,1	8.
TO FM 990, PART I, LINE 9	128,1	18.		128,118		128,11	18.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 3
INCOME			
2. RETURNS AND ALLOWAN	CES	543,958	
3. LINE 1 LESS LINE 2	• • • • • • • • • • •		543,958
	(LINE 13)	226,519	317,439
COST OF GOODS SOLD			
7. MERCHANDISE PURCHAS 8. COST OF LABOR 9. MATERIALS AND SUPPI	ING OF YEAR	209,525 260,982	
	10		470,507
	YEAR (LINE 11 LESS LINE 12)	243,988	226,519

FORM 990	ОТНЕ	R EXPENSES		STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISI	NG
INSURANCE	23,442.		23,442.		
HABITAT INTL TITHE	20,112.		25/112.		
ON MORT RECEIPTS	161,827.	161,827.			
UTILITIES	35,535.	8,346.	27,189.		
PUBLICITY	202,389.	5,263.	2,,103.	197,1	26.
MISCELLANEOUS	57,097.	0,2001	57,097.	23.72	
CONSTRUCTION EXPENSE	3,614,209.	3,614,209.	3.703.70		
VOLUNTEER DEPARTMENT	57,486.	57,486.			
FAMILY SERVICES	0,,100,	3,,100.			
DEPARTMENT	110,721.	110,721.			
OTHER DIRECT COSTS	439,041.	439,041.			
MAINTENANCE	6,783.	2,696.	4,087.		
PAYMENTS CHARITABLE	7,,,,,	4,050.	2,007.		
ANNUITIES	283,278.	283,278.			
		· · · · · · · · · · · · · · · · · · ·			
TOTAL TO FM 990, LN 43	4,991,808.	4,682,867.	111,815.	197,1	26.
FORM 990	OTHER IN	VESTMENTS		STATEMENT	
		VA	LUATION		
DESCRIPTION			METHOD	AMOUNT	
LAND HELD FOR HOMESITES		co	OST	1,466,59	99.
CONSTRUCTION IN PROGRES	S	CO	ST	2,390,4	74.
HOMES COMPLETED PENDING	CLOSING	CO	ST	2,758,6	72.
CHARITABLE ANNUITY ACCO	UNTS	CO	ST	459,0	23.
TOTAL TO FORM 990, PART	IV, LINE 56, C	COLUMN B		7,074,7	58.
FORM 990	OTHER LIA	ABILITIES		STATEMENT	6
DESCRIPTION				AMOUNT	
ESCROW ACCOUNTS PAYABLE			•	73,10) 5
RESERVES FOR SECOND MOR	4,259,7				
ANNUITIES PAYABLE	308,00				
TOTAL TO FORM 990, PART	4,640,9				
	,		:		

FORM 990	OTHER	EXPENSES	NOT INCLUDED	ON FORM	990	STATEMENT	7
DESCRIPTION						AMOUNT	
COST OF FURNITURE DONATED SERVICES	SALES 1	NETTED IN	REVENUES ON 1	FINL STA	TEMENT	226,51 31,77	
TOTAL TO FORM 990,	PART :	IV-B				258,29	95.
FORM 990	ОТНЕ	R REVENUE	INCLUDED ON 1	FORM 990		STATEMENT	8
DESCRIPTION						TOUOMA	
COST OF FURNITURE STATEMENT DONATED SERVICES	SALES 1	INCLUDED	IN EXPENSES O	N FINL		<226,51 <31,77	
TOTAL TO FORM 990,	PART :	IV-A				<258,29	 95.>

	LIST OF OFFICERS, DIRE STEES AND KEY EMPLOYEES		STAT	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ADAMS, JAMES R.	VICE CHAIRMAN 2	0.	0.	0.
FORT MYERS, FL	2	0.	0.	0.
ANDREWS, DONNY	2	0.	0.	0.
FORT MYERS, FL	2	0.	0.	0.
ARCHIBALD, VERNON E.	PRES, CEO	02 500	0	0.
CAPE CORAL, FL	40	82,500.	0.	0.
BROWNELL, ROGER E.	2	^	0	0
FORT MYERS, FL	2	0.	0.	0.
ENGLUND, DIANE	2	0	0	0.
CAPE CORAL, FL	2	0.	0.	0.
GREEN, KATHERINE	2	^	0	0.
BONITA SPRINGS, FL	2	0.	0.	0.
GREEN, WILLIE B.	2	•		0
FORT MYERS, FL	2	0.	0.	0.
IDELSON, CHARLES K.	CHAIRMAN	•	0	0
FORT MYERS, FL	2	0.	0.	0.
LIVINGSTON, WILLIAM I., S		0	0	0
LEHIGH ACRES, FL	2	0.	0.	0.
MCGRATH, JAMES	TREASURER	0	•	0
FORT MYERS, FL	2	0.	0.	0.
MILLER, T. WAYNE	•	•	•	2
NORTH FORT MYERS, FL	2	0.	0.	0.

HABITAT FOR HUMANITY OF	LEE COUNTY, INC.		59-22	236174
NOAH, DENIS	2	0.	0.	0.
FORT MYERS, FL	2	0.	0.	0.
PARKER, DIANA M.	SECRETARY 2	0.	0.	0.
FORT MYERS, FL	2	0.	0.	0.
SHERA, RICHARD H., JR.	2	0	•	0
FORT MYERS, FL	2	0.	0.	0.
SHIMP, STEVEN C.	2	0.	0	0.
FORT MYERS, FL	2	0.	0.	0.
STANLEY-LYNN, KC	2	0.	0.	0.
ALVA, FL	2	0.	0.	0.
VERGNE, MERCEDES	2	0.	0.	0.
FORT MYERS, FL	2	0.	0.	0.
DEBORAH PRATHER	2	0.	0.	0.
FORT MYERS, FL	2	0.	0.	0.
RUMMLER, BILL	2	0.	0.	0.
BONITA SPRINGS, FL	2	0.	0.	0.
VALENTI, WILLIAM	2	0.	0.	0.
FORT MYERS, FL	۷	0.	.	.
TOTALS INCLUDED ON FORM 99	90, PART V	82,500.	0.	0.

Taxpayer: Habitat for Humanity of Lee County

Form: 990 Year: 2003

Attachment to Form 990, Schedule A, Page 5, Part VI-B

Detail description of the lobbying activities:

The Organization hired a consultant to assist with a concentrated government relations and lobbying program to advocate support for Client's single family affordable housing services and programs.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Business or activity to which this form relates

990

Identifying number

OMB No 1545-0172

HABITAT FOR HUMANITY OF LEE COUNTY, INC. FORM 990 PAGE 2 59-2236174 Part 1 Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 100,000. 1 Maximum amount. See instructions for a higher limit for certain businesses 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 400,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8. . . . 9 10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election (see instructions) 15 16 Other depreciation (including ACRS) (see instructions) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 115,987 17 MACRS deductions for assets placed in service in tax years beginning before 2003 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (a) Classification of property year placed in service business/investment us only - see instructions) (e) Convention (f) Method (a) Depreciation deduction 3-year property 19a 76,061. 3,918. 5-year property b 2,132. 7-year property C 10-year property d ø 15-year property f 20-year property 25-year property 25 yrs. S/L g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L 206,127. 3,811 39 vrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs. MM S/L 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 122,112. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2003) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes No (e) (f) (g) (a) (d) Date Business/ Basis for depreciation **Elected** Type of property Recovery Depreciation Method/ Cost or placed in investment (business/Investment section 179 (list vehicles first) period Convention other basis deduction use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use S/L· % % S/L· % S/L · 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (I), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) **(b)** (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle vear (do not include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 Yes 34 Was the vehicle available for personal use Yes No No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) **(f)** nortization Description of costs Date amortization Amortizable amount Amortization for this year period or percentac 42 Amortization of costs that begins during your 2003 tax year:

43

43 Amortization of costs that began before your 2003 tax year

44 Total. Add amounts in column (f). See instructions for where to report

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Part II - Special Depreciation Allowance and Other Depreciation

	(b)	(c)	(d)	(e)	(f)	_ (g)
(a) Asset Property Description	Date in Service	Tax Basis	Prior Depreciation	Tax Method	Tax Period	Tax Depr Deduction
ACRS and/or Other Depreciation						
31 NFM OFFICE BUILDING	10/01/98	68,317.31	8,758.65		39.0	1,751.73
32 NFM WAREHOUSE 35 CONSTRUCTION COSTS	9/11/ 98 9/30/ 99	350.00 209,465.31	17.94 21,483.64		39.0 39.0	8.97 5,370.91
36 CONSTRUCTIONN COSTS	10/01/98	486,780.72	62,407.80		39.0 39.0	12,481.56
39 NETWORK-SUNTEL	12/02/98	1,672.00	1,616.27	S/L	5.0	55.73
40 MEMORY 41 HARD DRIVE	12/16/98	150.00	142.50		5.0	7.50
42 COMPUTER & HARD DRIVE	12/30/98 1/1 2/99	195.00 1,985.00	185.25 1,885.75		5.0 5.0	9.75 99.25
43 MODEM	1/27/99	260.00	242.67	S/L	5.0	17.33
44 SOFTWARE (ROSS & MOTT)	2/03/99	5,000.00	4,666.67		5.0	333.33
45 COMPUTER (BARB) 46 NETWORK CORD	3/18/99 5/18/99	2,662.00 95.00	2,395.80 82.33		5.0 5.0	266.20 12.67
47 BACK-UP	7/17/99	269.97	224.96		5.0	45.01
48 POWER SUPPLY	9/09/99	298.75	243.98		5.0	54.77
49 SOFTWARE (MOTT) 50 REPAIRS-FORKLIFT # 1	9/29 /99 2/02/ 99	750.00 278.40	600.00 259.84		5.0 5.0	150.00 18.56
51 FORKLIFT # 2	7/08/99	7,800.00	6,630.00		5.0 5.0	1,170.00
52 REPAIRS-FORKLIFT # 2	9/02/99	565.60	461.91	S/L	5.0	103.69
59 VEHICLE REPAIRS 71 CONSTRUCTION COSTS	7/05/99	481.66	409.40		5.0	72.26
73 BUDGET OFFICE FURNITURE	9/30/ 00 6/1 4/00	17,608.68 359.00	1,354.50 239.33		39.0 5.0	451.50 71.80
74 OFFICE DEPOT EQUIP.	6/16/00	100.00	65.00		5.0	20.00
75 NT SERVER HARDWARE	1/21/00	490.00	359.33		5.0	98.00
76 COMPUTER UPGRADES 77 COMPUTER (ADMIN)	1/0 6/00 11/0 8/99	700.00 1,199.96	525.00 939.96		5.0 5.0	140.00 239.99
78 COMPUTER MEMORY	1/24/00	296.00	217.07		5.0	59.20
79 COMPUTER HARDWARE	1/12/00	299.98	225.00	S/L	5.0	60.00
80 COMPUTER 81 MONITOR	2/15/00	5,600.00	4,106.67		5.0	1,120.00
81 MONITOR 82 PRINTER	4/11/ 00 4/21/ 00	419.97 199.99	293.97 136.67		5.0 5.0	83.99 40.00
83 GENISIS COMPUTER	9/11/00	1,436.00	885.53		5.0	287.20
85 FORKLIFT REPAIR	5/18/00	644.25	429.50		5.0	128.85
91 RESALE STORE 93 BUILDING REPAIR	3/01/01 10/01/ 99	371,687.52 1,920.00	24,620.33 768.00		39.0 10.0	9,530.45 192.00
94 BUILDING REPAIR	11/23/99	680.89	261.01		10.0	68.09
95 BUILDING REPAIR	12/07/99	600.00	230.00	S/L	10.0	60.00
96 CARPET 97 BUILDING REPAIRS	1/15/01 2/13/01	1,588.40 3,479.72	436.81		10.0	158.84
98 CABINETS	3/27/01	833.00	927.92 208.25		10.0 10.0	347.97 83.30
99 BUILDING REPAIRS	8/31/01	3,347.75	697.46	S/L	10.0	334.78
101 ASDL ROUTER & FILTER	10/17/00	699.20	407.87		5.0	139.84
102 AMHERST SOFTWARE 103 GATEWAY SELECT 950	1/26/01 2/22/01	3,033.10 2,164.00	2,696.08 1,118.07		3.0 5.0	337.02 432.80
104 AMHERST SOFTWARE LICENSI	3/27/01	951.90	793.25		3.0	158.65
105 COMPUTERS(3), MONITORS, PRI	4/18/01	2,924.91	1,413.70	S/L	5.0	584.98
106 CDW HUB 108 ROOF REPAIR	5/21/01	796.96 2,795.00	371.91 722.04	S/L s/t	5.0 10.0	159.39 279.50
109 LOT SURVEY	2/20/01 2/26/01	696.00	179.80		10.0	69.60
110 CHAIN LINK FENCE	3/06/01	4,322.77	1,116.72		10.0	432.28
111 BUILDING REPAIRS	4/23/01	4,295.00	1,037.96		10.0	429.50
112 ROOF REPAIR 113 SKID STEER LOADER	5/31/01 3/06/01	10,786.50 14,100.00	2,516.85 7,285.00		10.0 5.0	1,078.65 2,820.00
114 SKID LOADER TRAILER	6/25/01	1,238.72	557.42		5.0	247.74
115 FORKLIFT REPAIR	9/18/01	5,010.13	2,004.06		5.0	1,002.03
117 CONSTRUCTION TRAILER 118 VEHICLE REPAIR	1/31/01	700.00 2,558.94	373.33 1,066.23		5.0 5.0	140.00 511.79
119 VEHICLE REPAIR	9/14/01 3/22/01	2,425.54	1,212.77		5.0 5.0	485.11
120 VEHICLE REPAIR	9/14/01	1,666.76	694 48	S/L	5.0	333.35
121 CONSTRUCTION COSTS	3/15/01	35,889.18	2,377 28		39.0	920.24
122 AIR CONDITIONING SYSTEM 123 PHONE SYSTEM	10/19/ 00 12/1 8/00	14,414.00 5,210.00	1,077.97 2,046 .79		39.0 7.0	369 59 744.29
124 DOORS	1/05/01	4,630.00	326.48		39.0	118.72
125 SPRINKLER SYSTEM	3/14/01	30,556.00	2,024.01		39.0	783.49

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	_ (b)	(c)	(d)	(e)	(f)	(g)
(a)	Date in	Tax	Prior	Tax	Tax	Tax Depr
Asset Property Description	Service	Basis	Depreciation	Method	Period	<u>Deduction</u>
126 ALARM SYSTEMS	5/10/01	2,758.00	666.52		10.0	275.80
127 HENDRY COUNTY TOOLS	10/01/00	1,810.77	776.04		7.0	258.68
128 FORKLIFT REPAIR 130 BUILDING REPAIR	4/30/01	2,435.52	840.83		7.0	347.93
130 BUILDING REPAIR 131 SEPTIC SYSTEM PREP	4/30/01 4/30/02	4,103.56 2,900.00	991.70		10.0	410.36
132 RV OUTLETS	4/30/02	3,767.44	105.34 136.85		39.0 39.0	74.36 96.60
133 CARPET	7/25/02	1,939.59	226.29		10.0	193.96
134 PHONE/CONSTRUCTION OFFIC	11/29/01	7,840.00	2,053.33		7.0	1,120.00
135 MONITOR/PRINTER./WORKLIG	12/17/01	477.90	167.27		5.0	95.58
136 POWEREDGE 2500	5/21/02	4,736.1 <i>7</i>	1,262.97	S/L	5.0	947.23
137 DELL 18100	5/29/02	1,200.00	320.00		5.0	240.00
138 (2) DELL I8200 COMPUTERS	7/31/02	4,768.00	1,112.53		5.0	953.60
140 DELL I8200 COMPUTER 141 HALSTER FORKLIFT	9/16/02	3,571.00	714.20		5.0	714.20
142 FORKLIFT	6/05/ 02 10/19/ 0 1	9,600.00 3,125.96	2,560.00 1,198.28	S/L C/I	5.0	1,920.00 625.19
143 FORKLIFT REPAIR	11/20/01	2,026.82	743.16		5.0 5.0	405.36
144 FORKLIFT REPAIR	9/20/02	2,089.00	417.80		5.0	417.80
145 1996 FORD RANGER XL	10/10/01	5,000.00	2,000.00		5.0	1,000.00
146 VEHICLE REPAIR	10/19/01	2,282.02	874.77		5.0	456.40
149 1987 INTERNATIONAL TRUCK	2/07/02	8,500.00	2,833.33	S/L	5.0	1,700.00
150 VEHICLE REPAIR	2/21/02	5,652.56	1,789.98		5.0	1,130.51
151 VEHICLE REPAIR	9/20/02	7,617.44	1,523.49		5.0	1,523.49
152 ROOF REPAIR	11/16/01	3,895.00	714.08		10.0	389.50
153 CARPET 154 REPAIRS	11/19/ 01 12/07/ 01	2,179.56 4,716.92	399.59		10.0	217.96
155 AIR CONDITIONER	6/24/02	2,523.92	864.77 315.49		10.0 10.0	471.69 252.39
156 CONSTRUCTION OFFICE/SHED	1/31/02	104,186.81	4,452.43		39.0	2,671.46
157 ROOF REPAIR	9/20/02	49,448.06	1,267.90	S/L	39.0	1,267.90
158 WILLIS STREET APARTMENTS	7/31/02	254,074.42	7,600.52	S/L	39.0	6,514.73
159 LAVIN LANE APARTMENTS	7/31/02	161,317.25	4,825.73	S/L	39.0	4,136.34
160 1986 TOYOTA IT TRUCK/HENDI	2/27/02	1,200.00	380.00		5.0	240.00
161 HENDRY CO TOOLS	7/01/02	3,003.87	536.40		7.0	429.12
162 DELL COMPUTER	1/27/03	439.00	58.53		5.0	87.80
163 NEWEGG COMPUTER EQUIP	3/10/03	830.08	96.84		5.0	166.02
164 BEST BUY COMPUTER EQUIP 165 SAMS CLUB COMPUTE EQUIP	3/13/03 3/25/03	1,149.99 784.51	134.17 78.45		5.0 5.0	230.00 156.90
167 DELL COMPUTER	4/21/03	4,757.00	396.42		5.0	951.40
169 C.R.GILLEN REPAIR	9/11/03	1,200.00	2.56		39.0	30.77
170 USED FORKLIFT	10/24/02	454.50	83.33		5.0	90.90
171 USED FORKLIFT	10/24/02	669.00	122.65	S/L	5.0	133.80
172 USED FORKLIFT	10/24/02	902.86	165.52		5.0	180.57
173 USED FORKLIFT	11/07/02	136.36	25.00		5.0	27.27
174 FORKLIFT	11/25/02	3,600.00	600.00		5.0	720.00
175 FORKLIFT	4/24/03	1,100.00	91.67	S/L	5.0	220.00
176 USED FORKLIFT 177 USED FORKLIFT	10/2 4/02 9/30 /03	809.93 900.00	148.49 0.00		5.0 5.0	161.99 180.00
178 LABELLE OFFICE BUILDING	2/28/03	814,007.73	12,175.33	3/L	39.0	20,871.99
179 VEHICLE REPAIR	10/31/02	4,209.90	771.82		5.0	841.98
180 FORD TRUCK (DONATED)	12/31/02	4,500.00	675.00		5.0	900.00
181 FORD TRUCK	6/27/03	21,101.50	1,055.08		5.0	4,220.30
182 FORD TRUCK	6/30/ 03	15,745.67	787 28	S/L	5.0	3,149.13
183 VEHICLE REPAIR	9/15/03	1,134.68	18.91		5.0	226.94
184 RESALE STORE VEHICLE REPA	12/26/02	1,771.76	265.76		5.0	354.35
185 AIR CONDITIONER	10/25/02	816.00	74.80		10.0	81.60
186 HENDRY CO. TOOLS	9/30/03	632.00	0.00		5.0	126.40
187 Labelle Office Donated Materials ~ 188 Warehouse Slab	10/01/ 03 - 7/30/04	131,000.00	0.00 0.00		39.0 39.0	3,358.97 59.83
191 Dell Computer	11/26/03	1,845.00	0.00		5.0	307.50
194 Air Conditioner Thermostat	12/10/03	467 24	0.00		7.0	55.62
197 Roof Repair	7/15/04	61,127.00	0.00		39.0	391.84
198 Fencing	8/09/04	1,665.00	0.00		7.0	39.64
199 04 Ford Ranger	2/19/04	13,642.78	0.00	S/L	5.0	1,591.66
200 04 Econoline Truck	8/06/04	26,143.41	0 00		5.0	871.45
201 2000 Chevy Suburban	8/04/04	17,380.00	0 00	S/L	5.0	579.33
202 2000 Jeep Cherokee	8/04/ 04	17,050.00	0 00	3/L	5.0	568.33

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(Continued) (a) Asset Property Description	(b) (c) (d) (e) (f) Date in Tax Prior Tax Tax Service Basis Depreciation Method Period 3,193,452.90	(g) Tax Depr Deduction 121,616.16
Part III - MACRS Depreciation (a) Asset Property Description Depreciation of MACRS Property Placed 100 PHONE SYSTEM 168 DELL COMPUTER	Service Depr Basis Period Convention Method D	(g) Fax Depr Deduction 503.54 106.21 609.75
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