

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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
HABITAT FOR HUMANITY OF GREATER MEMPHIS

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
169 SCOTT STREET

City or town, state or country, and ZIP + 4
MEMPHIS, TN 38112

D Employer identification number
62-1157233

E Telephone number
901-761-4771

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? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **8545**

G Website: **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.

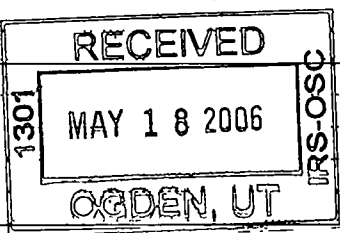
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,279,329.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED JUL 2 07 2004 Revenue

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	477,486.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	62,279.		
d	Total (add lines 1a through 1c) (cash \$ 539,765. noncash \$ _____)	1d		539,765.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		541,337.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		4,374.	
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		1,665.	8a		
b	Less: cost or other basis and sales expenses		8b		
c	Gain or (loss) (attach schedule)	1,665.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	1,665.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	159,953.		
b	Less: direct expenses other than fundraising expenses	9b	33,027.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	126,926.
10 a	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		32,235.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,246,302.	
13	Program services (from line 44, column (B))	13		901,365.	
14	Management and general (from line 44, column (C))	14		329,745.	
15	Fundraising (from line 44, column (D))	15		194,884.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		1,425,994.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<179,692.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,559,512.	
20	Other changes in net assets or fund balances (attach explanation)	20		243,321.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		3,623,141.	



423001 01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

G13 26

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. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23 468,312.	23 468,312.	STATEMENT 5	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 64,500.	25 0.	25 64,500.	25 0.
26 Other salaries and wages	26 312,865.	26 129,087.	26 94,168.	26 89,610.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 29,968.	29 8,398.	29 16,527.	29 5,043.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 27,210.	33 4,579.	33 15,771.	33 6,860.
34 Telephone	34 18,187.	34 9,619.	34 4,088.	34 4,480.
35 Postage and shipping	35 12,490.	35 474.	35 1,712.	35 10,304.
36 Occupancy	36 37,677.	36 10,955.	36 8,872.	36 17,850.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 23,099.	38 85.	38 1,665.	38 21,349.
39 Travel	39 11,861.	39 1,959.	39 9,055.	39 847.
40 Conferences, conventions, and meetings	40 17,942.	40 9,791.	40 7,925.	40 226.
41 Interest	41 29,801.	41 23,483.	41 6,318.	
42 Depreciation, depletion, etc. (attach schedule)	42 7,365.		42 7,365.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 364,717.	43e 234,623.	43e 91,779.	43e 38,315.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,425,994.	44 901,365.	44 329,745.	44 194,884.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? BUILDING HOMES FOR LOW INCOME FAMILIES	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a CONSTRUCTION OF HOMES FOR LOW INCOME FAMILIES	
(Grants and allocations \$ _____)	901,365.
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	901,365.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year	
Assets	45 Cash--non-interest-bearing	41,105.	45 40,637.	
	46 Savings and temporary cash investments	186,084.	46 134,911.	
	47 a Accounts receivable	47a 3,616,078.		
	b Less: allowance for doubtful accounts	47b 297,117.	47c 3,318,961.	
	48 a Pledges receivable	48a	48c	
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable	132,500.	49 60,000.	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	7,210.	52 7,210.	
	53 Prepaid expenses and deferred charges	7,673.	53 7,673.	
	54 Investments - securities	STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	32,812.	54 34,657.
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 110,360.			
b Less: accumulated depreciation	57b 99,191.	18,534.	57c 11,169.	
58 Other assets (describe CONSTRUCTION IN PROGRESS)		866,875.	58 679,831.	
59 Total assets (add lines 45 through 58) (must equal line 74)		4,415,968.	59 4,295,049.	
Liabilities	60 Accounts payable and accrued expenses	19,015.	60 20,120.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 6	64b 644,984.	64b 460,566.
	65 Other liabilities (describe SEE STATEMENT 7)		192,457.	65 191,222.
66 Total liabilities (add lines 60 through 65)		856,456.	66 671,908.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,187,183.	67 3,288,455.	
	68 Temporarily restricted	372,329.	68 334,686.	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		3,559,512.	73 3,623,141.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		4,415,968.	74 4,295,049.

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

Part VI Other Information

Form with rows 76-92 containing questions about organization activities, financials, and compliance. Includes fields for 'Yes' and 'No' and various numerical inputs.

Located at 169 SCOTT STREET, MEMPHIS, TN ZIP + 4 38112

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SALE OF HOUSES					541,337.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,374.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,665.	
101 Net income or (loss) from special events					126,926.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER			01	32,235.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		38,274.	668,263.
105 Total (add line 104, columns (B), (D), and (E))					706,537.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PROVIDES HOUSING FOR LOW INCOME FAMILIES
101	PROMOTES PUBLIC AWARENESS & GENERATES INTEREST FOR VOLUNTEERS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here: *Wayne Spencer* 5-15-06 *Wayne Spencer, Executive Director*

Signature of officer: *Wayne Spencer* Date: 5-15-06 Type or print name and title: *Wayne Spencer, Executive Director*

Paid Preparer's Use Only: Preparer's signature: *John Bishop CPA* Date: 05/11/06 Check if self-employed: Preparer's SSN or PTIN: P00196655

Firm's name (or yours if self-employed), address, and ZIP + 4: RHEA & IVY, P.L.C. 6000 POPLAR AVE, STE 250 MEMPHIS, TN 38119-3971

EIN: 62-0566526 Phone no.: (901) 761-3000

(Except Private Foundation and Section 501(c)(29), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

HABITAT FOR HUMANITY OF GREATER MEMPHIS

Employer identification number

62 1157233

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
JULIA A. ROMINE 169 SCOTT STREET, MEMPHIS, TN 38112	DEPUTY DIRECT 40	54,600.	4,995.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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 ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>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 i of Part VI-B.)</p> <p>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.</p>	1		X
<p>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)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>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.)</p>	3a		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)(m). (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)(v). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(v). (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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	807,366.	1,221,495.	629,442.	737,170.	3,395,473.
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	488,777.	221,860.	443,059.	458,364.	1,612,060.
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	6,938.	5,074.	8,242.	169,277.	189,531.
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	199,635.		SEE STATEMENT 11		199,635.
23 Total of lines 15 through 22	1,502,716.	1,448,429.	1,080,743.	1,364,811.	5,396,699.
24 Line 23 minus line 17	1,013,939.	1,226,569.	637,684.	906,447.	3,784,639.
25 Enter 1% of line 23	15,027.	14,484.	10,807.	13,648.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 75,693.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,784,639.
d Add: Amounts from column (e) for lines: 18 189,531. 19 _____ 22 199,635. 26b _____					26d 389,166.
e Public support (line 26c minus line 26d total)					26e 3,395,473.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.7172%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

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

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
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
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))					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 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

	Yes	No	Amount
a		X	
b		X	
c		X	
d		X	
e		X	
f		X	
g		X	
h		X	
i			0.

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

Habitat for Humanity of Greater Memphis [15000]
Depreciation Expense

Financial

07/01/2004 - 06/30/2005

Section 179 Included in Depreciation Values

System No.	S	Description	Date In Service	Method/ Conv.	Life	Cost / Other Basis	Beg. Accum. Depreciation	Sec. 179/ Bonus	Current Depreciation	Total Depreciation
Unassigned										
1		Computer	4/6/1987	SL / N/A	10.0000	2,417.95	2,417.95	0.00	0.00	2,417.95
2		Printer	3/26/1987	SL / N/A	10.0000	610.75	610.75	0.00	0.00	610.75
3		Computer Disk	12/15/1987	SL / N/A	10.0000	75.00	75.00	0.00	0.00	75.00
4		Fastback & Word Processor	6/15/1987	SL / N/A	10.0000	365.00	365.00	0.00	0.00	365.00
5		Tool Box & Various Tools	6/30/1987	SL / N/A	10.0000	2,429.77	2,429.77	0.00	0.00	2,429.77
6		Transit & Tripod	5/1/1987	SL / N/A	10.0000	312.73	312.73	0.00	0.00	312.73
7		Answering Machine	8/31/1987	SL / N/A	10.0000	79.92	79.92	0.00	0.00	79.92
8		Database Software	10/31/1987	SL / N/A	10.0000	419.00	419.00	0.00	0.00	419.00
9		Olympia Typewriter	2/29/1988	SL / N/A	10.0000	350.00	350.00	0.00	0.00	350.00
10		Copier	2/19/1988	M / HY	10.0000	1,200.00	1,200.00	0.00	0.00	1,200.00
11		Projector	4/30/1988	SL / N/A	10.0000	268.84	268.84	0.00	0.00	268.84
12		Projector Case	5/31/1988	SL / N/A	10.0000	100.71	100.71	0.00	0.00	100.71
13		LaserJet Printer	8/1/1990	SL / N/A	10.0000	1,630.00	1,630.00	0.00	0.00	1,630.00
14		Computer & Equipment	9/30/1990	SL / N/A	10.0000	3,542.00	3,542.00	0.00	0.00	3,542.00
15		Network System	6/1/1991	SL / N/A	10.0000	10,235.00	10,235.00	0.00	0.00	10,235.00
16		Software	10/31/1990	SL / N/A	10.0000	503.97	503.97	0.00	0.00	503.97
17		Software- Donat	7/31/1991	SL / N/A	10.0000	284.45	284.45	0.00	0.00	284.45
18		Cables- Network	7/19/1991	SL / N/A	10.0000	355.00	355.00	0.00	0.00	355.00
19		Add'l Cost Network	10/31/1991	SL / N/A	10.0000	470.00	470.00	0.00	0.00	470.00
20		Fund Master Software	7/30/1991	SL / N/A	10.0000	2,450.00	2,450.00	0.00	0.00	2,450.00
22		Camera	1/5/1992	SL / N/A	10.0000	438.85	438.85	0.00	0.00	438.85
23		TV/ACR	8/24/1993	SL / N/A	5.0000	429.94	429.94	0.00	0.00	429.94
24		Telephone	9/14/1994	SL / N/A	10.0000	478.00	478.00	0.00	0.00	478.00
25		Fax Machine	10/7/1994	SL / N/A	10.0000	211.99	211.99	0.00	0.00	211.99
26		Telephone & Data	2/8/1995	SL / N/A	10.0000	373.50	373.50	0.00	0.00	373.50
27		Lanier Copier	12/31/1995	SL / N/A	7.0000	4,940.00	4,940.00	0.00	0.00	4,940.00
28		Computers- 3	12/31/1995	SL / N/A	5.0000	7,337.50	7,337.50	0.00	0.00	7,337.50
29		Computer Server	4/22/1998	SL / N/A	5.0000	1,518.48	1,518.48	0.00	0.00	1,518.48
30		Results/Plus-Win	7/9/1998	SL / N/A	5.0000	5,006.00	5,006.00	0.00	0.00	5,006.00
31		Telephone System	8/18/1998	SL / N/A	5.0000	7,540.00	7,540.00	0.00	0.00	7,540.00
32		Compaq Presario	8/12/1999	SL / N/A	5.0000	3,721.43	3,721.43	0.00	63.09	3,784.52
33		Server Upgrade	1/11/2001	SL / N/A	5.0000	688.00	481.60	0.00	137.60	619.20
34		HP Laser Printer	8/7/2001	SL / N/A	5.0000	399.99	233.33	0.00	80.00	313.33
35		Fax Machine	6/11/2002	SL / N/A	5.0000	341.95	142.48	0.00	68.39	210.87
36		Computer	11/13/2002	SL / N/A	5.0000	1,306.98	435.67	0.00	261.40	697.07
37		5-4 Drawer File Cabinet	7/29/2002	SL / N/A	7.0000	1,136.50	311.19	0.00	162.36	473.55
38		HP Laser Printer	2/6/2003	SL / N/A	5.0000	399.99	113.33	0.00	80.00	193.33
39		File Cabinet	2/24/2003	SL / N/A	7.0000	1,017.00	193.72	0.00	145.29	339.01
40		MID AM Truck	10/28/1992	SL / N/A	5.0000	4,890.00	4,890.00	0.00	0.00	4,890.00
41		2000 Chev 3/4 Ton	4/5/2001	SL / N/A	5.0000	21,359.58	13,883.74	0.00	4,271.92	18,155.66
42		Security System	8/10/1998	SL / N/A	7.0000	1,662.00	1,404.79	0.00	237.43	1,642.22

62-1157233

07/01/2004 - 06/30/2005

Sorted: General - User defined 6

Habitat for Humanity of Greater Memphis [15000] Depreciation Expense

Financial

07/01/2004 - 06/30/2005

Section 179 included in Depreciation Values

4/19/2006
4:04:37PM

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Beg. Accum. Depreciation	Sec. 179/ Bonus	Current Depreciation	Total Depreciation
Unassigned										
43		Carpet & Vinyl	7/23/1998	SL / N/A	7.0000	3,488.00	2,948.22	0.00	498.29	3,446.51
44		Gates for Warehouse	8/27/1998	SL / N/A	10.0000	3,000.00	1,750.00	0.00	300.00	2,050.00
45		A/C and Furnace	2/25/1999	SL / N/A	15.0000	1,900.00	675.57	0.00	126.67	802.24
46		Automatic Gate	9/23/1999	SL / N/A	10.0000	5,892.00	2,798.70	0.00	589.20	3,387.90
47		Outside Lights	11/30/1999	SL / N/A	10.0000	2,000.00	916.67	0.00	200.00	1,116.67
48		Building Tools	8/25/2000	SL / N/A	5.0000	719.00	551.23	0.00	143.80	695.03
Subtotal. Unassigned							91,826.02	0.00	7,365.44	99,191.46
Less dispositions and exchanges.							0.00	0.00	0.00	0.00
Net for: Unassigned							91,826.02	0.00	7,365.44	99,191.46
Subtotal.							91,826.02	0.00	7,365.44	99,191.46
Less dispositions and exchanges							0.00	0.00	0.00	0.00
Grand Totals							91,826.02	0.00	7,365.44	99,191.46

HABITAT FOR HUMANITY OF GREATER MEMPHIS, INC.

~~62-1157233~~

BOARD OF DIRECTORS

2004-2005

PRESIDENT.....LEE ANN WILLIAMS-MALEY
PRESIDENT-ELECT.....JIM TURPIN
SECRETARY.....DIANE FRANCZYK
TREASURER.....JIM ALLBRIGHT

ALLBRIGHT, James
7925 Cross Village Drive
Germantown, TN 38138

Committee(s): Development, Nominating (Chair)
Officer: Treasurer

BARTA, Martha
14 Belleair Drive
Memphis, TN 38104

Committee(s): Development, Nominating

CHAMBERLAIN, Phil
Chamberlain & McCreery
8195 Dexter Road, Suite 110
Cordova, TN 38018

Committee(s): Finance, Nominating, ReStore

CHANDLER, Patricia
Impact Marketing
51 Germantown Court, Suite 311
Cordova, TN 38018

Committee(s): Development (Chair)

HABITAT FOR HUMANITY OF GREATER MEMPHIS, INC.

~~62-1157233~~

BOARD OF DIRECTORS

2004-2005

CORNELL, Christy
842 North Ericson Road
Cordova, TN 38018

Committee(s): Finance (Chair)

DU BOSE, Sherry
384 S. Goodlett
Memphis, TN 38117

Committee(s):

EILERS, Alex
4145 Canna Hill Court
Bartlett, TN 38135

Committees: Construction, Development, ReStore (Chair)

FALLER, Tom
775 Meadow Glen Drive
Collierville, TN 38017

Committee(s):

FRANCZYK, Diane
6052 Surrey Hollow Cove
Bartlett, TN 38134

Committee(s): Construction (Chair)
Officer: Secretary

HABITAT FOR HUMANITY OF GREATER MEMPHIS, INC.

~~62-1157233~~

BOARD OF DIRECTORS

2004-2005

GILLIS, Jerry

Faxon Gillis
825 Timber Creek Dr.
Cordova, TN 38108

Committee(s): Development, Site Selection (Chair)

JOHNSON, Michael "Mike"

9395 Shadow Ridge Cove
Cordova, TN 38016

Committee(s): Construction

LEIKE, Dick

Crye-Leike, Inc., REALTORS
6525 N. Quail Hollow
Memphis, TN 38120-1325

Committee(s):

MENENDEZ, Phyllis

4260 Heatherwood Lane
Memphis, TN 38117

Committee(s): Family Services (Chair)

MITCHELL, William

3565 Ridge Meadow Pkwy
Memphis, TN 38115

Committee(s): Site Selection

TURPIN, JIM

8740 Chimney Rock
Cordova, TN 38016

Committee(s): Family Services, Public Relations
Officer: President-Elect

WHITE, Eldra

3131 Mon Cheri Lane
Memphis, TN 38119

Committee(s):

WILLIAMS, ROBERT, REV

355 Tribal Woods Road
Collierville, TN 38017

Committee(s): Faith Relations

HABITAT FOR HUMANITY OF GREATER MEMPHIS, INC.

~~62-1157233~~

BOARD OF DIRECTORS

2004-2005

WILLIAMS-MALEY, Lee Ann
7026 Fellsway Cove
Memphis, TN 38119

Committee(s): Development
Officer: President

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
ENDOWMENT FUND INVESTMENTS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,665.	0.	0.	1,665.
TOTAL TO FM 990, PART I, LN 8	1,665.	0.	0.	1,665.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
RESTORE	108,254.		108,254.		108,254.
GOLF TOURNAMENT	48,102.		48,102.	9,379.	38,723.
MISCELLANEOUS	3,597.		3,597.	23,648.	<20,051.>
TO FM 990, PART I, LINE 9	159,953.		159,953.	33,027.	126,926.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	82.
PRIOR PERIOD ADJUSTMENT	243,239.
TOTAL TO FORM 990, PART I, LINE 20	243,321.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
VEHICLE EXPENSE	17,093.	2,470.		14,623.
CONTRACT LABOR	18,775.		18,700.	75.
TAXES & PERMITS	25,342.	23,880.	470.	992.
ADVERTISING & PROMO	3,405.		3,405.	
INSURANCE	70,019.	29,723.	32,553.	7,743.
DUES & SUBSCRIPTIONS	4,038.	425.	3,213.	400.
NEWSLETTER	5,631.			5,631.
MISCELLANEOUS	24,373.	10,129.	10,576.	3,668.
MAINTENANCE/REPAIRS	6,498.	299.	6,099.	100.
PROFESSIONAL FEES	21,846.		16,763.	5,083.
WEED CUTTING	20,280.	20,280.		
FORECLOSURE	300.	300.		
BAD DEBT EXPENSE	147,117.	147,117.		
TOTAL TO FM 990, LN 43	364,717.	234,623.	91,779.	38,315.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 5

DESCRIPTION	AMOUNT
CONSTRUCTION COSTS TO BUILD 7 HOMES FOR LOW INCOME FAMILIES	468,312.
TOTAL TO FORM 990, PART II, LINE 23	468,312.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT

BANK - LINE OF CREDIT MONTHLY INTEREST

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
	05/31/06	0.	6.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	69,903.

LENDER'S NAME TERMS OF REPAYMENT

5 NOTES - FIRST TENNESSEE MONTHLY PRINCIPAL AND INTEREST OF \$167

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
11/05/97	10/31/17	0.	7.95%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

6 MORTGAGE NOTE RECEIVABLES CONSTRUCTION OF HOMES

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	75,928.

FORM 990 . . . OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
ESCROW ACCOUNTS	189,578.
ACCRUED INTEREST	1,566.
ACCRUED & WITHHELD PAYROLL TAX	78.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	191,222.

FORM 990 . . . OTHER SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
COMMUNITY FOUNDATION OF GREATER MEMPHIS BALANCED POOL	FMV	34,657.
TO FORM 990, LINE 54, COL B		34,657.

FORM 990 . . . OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
FUNDRAISING COST	33,027.
TOTAL TO FORM 990, PART IV-A	33,027.

FORM 990 . . . OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
FUNDRAISING COST	33,027.
TOTAL TO FORM 990, PART IV-B	33,027.

SCHEDULE A

OTHER INCOME

STATEMENT 11

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MORTGAGE DISCOUNT AMORTIZATION	195,299.	0.	0.	0.
MISCELLANEOUS	4,336.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	199,635.	0.	0.	0.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print	Name of Exempt Organization	Employer identification number	
	HABITAT FOR HUMANITY OF GREATER MEMPHIS		62-1157233
	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only
	169 SCOTT STREET		
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	MEMPHIS TN 38112		

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

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

- The books are in care of **BOB SCOTT**
Telephone No. **(901) 761-4771** FAX No. **(901) 761-4704**
- 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 organizations four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until May 15, 2006.
- For calendar year _____, or other tax year beginning Jul 1, 2004, and ending Jun 30, 2005.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension INFORMATION FOR AUDIT HAS NOT BEEN FINALIZED

- 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.
- If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____ 0.
- Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.

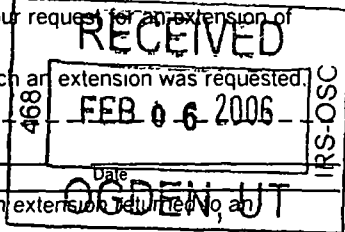
Signature and Verification

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

Signature Vicki W. Deweese Title CPA Date 2/2/06

Notice to Applicant - To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other: _____



Director _____ By _____ Date _____

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

Type or print	Name	EXTENSION APPROVED	
	VICKI W. DEWEESE, CPA		
	Number and street (include suite, room, or apartment number) or a P.O. box number		
	5050 POPLAR AVE STE 313		
City or town, province or state, and country (including postal or ZIP code)			
	MEMPHIS, TN 38157		