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.

OMB No. 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 07/01/03 **and ending** 06/30/04

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 INTERNATIONAL INC

Number and street (or P.O. box if mail is not delivered to street address): 420 West Wyoming Ave | Room/suite:

City or town, state or country, and ZIP + 4: Cincinnati, OH 45215-3002

D Employer identification number 31 : 1287581

E Telephone number (513) 761-4687

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

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

H *and* **I** *are not applicable to section 527 organizations.*

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

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

I Group Exemption Number ▶

G Web site: ▶ www.millcreekvalleyhfh.org

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.**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 533,573

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	157,438		
	b	Indirect public support	1b	0		
	c	Government contributions (grants)	1c	0		
	d	**Total** (add lines 1a through 1c) (cash $ 151,138 noncash $ 6,300)			1d	157,438
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	291,989
	3	Membership dues and assessments			3	0
	4	Interest on savings and temporary cash investments			4	2,894
	5	Dividends and interest from securities			5	309
	6a	Gross rents	6a	0		
	b	Less: rental expenses	6b	0		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	0
	7	Other investment income (describe ▶)			7	0
	8a	Gross amount from sales of assets other than inventory	(A) Securities: 1,213	8a	(B) Other: 10,131	
	b	Less: cost or other basis and sales expenses	1,330	8b	9,257	
	c	Gain or (loss) (attach schedule) Stmt 1	-117	8c	874	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	757
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ☐				See Statement 2
	a	Gross revenue (not including $ 0 of contributions reported on line 1a)	9a	27,929		
	b	Less: direct expenses other than fundraising expenses	9b	5,269		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	22,660
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	0
	11	Other revenue (from Part VII, line 103)			11	41,670
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	517,717
Expenses	13	Program services (from line 44, column (B))			13	431,828
	14	Management and general (from line 44, column (C))			14	53,421
	15	Fundraising (from line 44, column (D))			15	0
	16	Payments to affiliates (attach schedule)			16	0
	17	**Total expenses** (add lines 16 and 44, column (A))			17	485,249
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	32,468
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,058,863
	20	Other changes in net assets or fund balances (attach explanation) Stmt 3			20	-84,869
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,006,462

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

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) Stmt 4 (cash $ 16,952 noncash $ 0)	22	16,952	16,952		
23 Specific assistance to individuals (schedule)	23	0	0		
24 Benefits paid to or for members (schedule)	24	0	0		
25 Compensation of officers, directors, etc.	25	0	0	0	0
26 Other salaries and wages	26	36,496	18,159	18,337	0
27 Pension plan contributions	27	0	0	0	0
28 Other employee benefits	28	0	0	0	0
29 Payroll taxes	29	3,660	1,389	2,271	0
30 Professional fundraising fees	30	0	0	0	0
31 Accounting fees	31	6,000	0	6,000	0
32 Legal fees	32	922	922	0	0
33 Supplies	33	2,410	1,205	1,205	0
34 Telephone	34	5,700	2,850	2,850	0
35 Postage and shipping	35	1,823	917	906	0
36 Occupancy	36	20,427	8,171	12,256	0
37 Equipment rental and maintenance	37	0	0	0	0
38 Printing and publications	38	0	0	0	0
39 Travel	39	0	0	0	0
40 Conferences, conventions, and meetings	40	0	0	0	0
41 Interest	41	0	0	0	0
42 Depreciation, depletion, etc. (schedule) Stmt 5	42	1,500	1,500	0	0
43 Other expenses not covered above (itemize): a	43a	389,359	379,763	9,596	
b See Statement 6	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43). ***Organizations completing columns (B)-(D), carry these totals to lines 13-15***	44	485,249	431,828	53,421	0

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** (See page 24 of the instructions.)

What is the organization's primary exempt purpose? ▶ Provide low cost housing to low income persons

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

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	See Statement 7 (Grants and allocations $)	
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) ▶	431,828

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

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

	Line	Description			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing			33,574	45	57,157
	46	Savings and temporary cash investments			164,042	46	168,723
	47a	Accounts receivable	47a	0			
	b	Less: allowance for doubtful accounts	47b	0	0	47c	0
	48a	Pledges receivable	48a	0			
	b	Less: allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable			35,000	49	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51a	Other notes and loans receivable (attach schedule). See Statement 8	51a	673,937			
	b	Less: allowance for doubtful accounts	51b	0	729,843	51c	673,937
	52	Inventories for sale or use			100,787	52	108,403
	53	Prepaid expenses and deferred charges			0	53	0
	54	Investments—securities (schedule) Stmt 9 ▶ ☐ Cost ☑ FMV			17,092	54	4,500
	55a	Investments—land, buildings, and equipment: basis	55a	0			
	b	Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule)			0	56	0
	57a	Land, buildings, and equipment: basis	57a	15,000			
	b	Less: accumulated depreciation (attach schedule). Stmt 10	57b	7,000	9,500	57c	8,000
	58	Other assets (describe ▶ See Statement 11)			5,370	58	13,098
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			1,095,208	59	1,033,818
Liabilities	60	Accounts payable and accrued expenses			11,171	60	5,056
	61	Grants payable			0	61	0
	62	Deferred revenue			0	62	0
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b	Mortgages and other notes payable (attach schedule)			0	64b	0
	65	Other liabilities (describe ▶ See Statement 12)			25,174	65	22,300
	66	**Total liabilities** (add lines 60 through 65)			36,345	66	27,356
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☑ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			1,056,088	67	1,006,462
	68	Temporarily restricted			2,775	68	0
	69	Permanently restricted			0	69	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			1,058,863	73	1,006,462
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			1,095,208	74	1,033,818

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . ▶	a	
b	Amounts included on line **a** but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants . . . $		
(4)	Other (specify): $		
	Add amounts on lines **(1)** through **(4)** ▶	b	
c	Line **a** minus line **b** . . . . . . ▶	c	
d	Amounts included on line 12, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 . . . $		
(2)	Other (specify): $		
	Add amounts on lines **(1)** and **(2)** ▶	d	
e	Total revenue per line 12, Form 990 (line **c** plus line **d**) . . . . . . ▶	e	

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

a	Total expenses and losses per audited financial statements . . ▶	a	
b	Amounts included on line **a** but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . $		
(3)	Losses reported on line 20, Form 990 . $		
(4)	Other (specify): $		
	Add amounts on lines **(1)** through **(4)** ▶	b	
c	Line **a** minus line **b** . . . . . ▶	c	
d	Amounts included on line 17, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 . . . $		
(2)	Other (specify): $		
	Add amounts on lines **(1)** and **(2)** ▶	d	
e	Total expenses per line 17, Form 990 (line **c** plus line **d**) . . . . . ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation	**(E)** Expense account and other allowances
See Statement 13				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ **Yes** ☑ **No**
If "Yes," attach schedule—see page 26 of the instructions.

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

				Yes	No
				Yes	**No** N/A
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity		76		✔
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77		✔
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		✔
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? If "Yes," statement		79		✔
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a		✔
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt OR ☐ nonexempt.				
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a 0			
b	Did the organization file **Form 1120-POL** for this year?		81b		✔
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	✔	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 1,000			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	✔	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	✔	
84a	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 tax deductible?		84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		85a		
b	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			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		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 allocable to nondeductible lobbying and political expenditures for the following tax year?		85h		
86	*501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
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		✔
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		✔
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0			

90a List the states with which a copy of this return is filed ▶ OH

b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) **90b** 2

91 The books are in care of ▶ William Huber Telephone no. ▶ ( ) 513-761-4687

Located at ▶ 420 West Wyoming Ave, Cincinnati, OH ZIP + 4 ▶ 45215-3002

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 ▶ **92**

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	**(B)** Amount	**(C)** Exclusion code	**(D)** Amount	
93 Program service revenue:					
a Sale of five houses					291,989
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	2,894	
96 Dividends and interest from securities			14	309	
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			14	757	
101 Net income or (loss) from special events					22,660
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: **a** Mortgage Discount Amort					39,277
b Re-sale store & recycling			05	2,186	
c Late Fees					207
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		6,146	354,133

105 Total (add line 104, columns (B), (D), and (E)) ▶ 360,279

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 14

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **Yes** ☑ **No**

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

Please Sign Here

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.

▶ Signature of officer — Date: 4/20/2005

▶ William Huber, Treasurer
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ , ,		EIN ▶	
		Phone no. ▶ ( )	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information- (See separate instructions.)

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

OMB No. 1545-0047

2003

Name of the organization: HABITAT FOR HUMANITY INTERNATIONAL INC

Employer identification number: 31 1287581

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
None				
Total number of other employees paid over $50,000 . . . . ▶	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
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.)	**1**		✔
	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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	**2a**		✔
b	Lending of money or other extension of credit?	**2b**		✔
c	Furnishing of goods, services, or facilities?	**2c**		✔
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	**2d**		✔
e	Transfer of any part of its income or assets?	**2e**		✔
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	**3a**		✔
b	Do you have a section 403(b) annuity plan for your employees?	**3b**		✔
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**		✔

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)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33⅓%** 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 33⅓%** 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	20,900	83,096	162,345	580,408	846,749
16	Membership fees received	0	0	0	0	0
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	0	0	0	761	761
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,048	9,959	26,246	8,264	46,517
19	Net income from unrelated business activities not included in line 18	0	0	0	0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
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	0	0	0	0	0
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	37,194	31,384	22,837	91,415 Stmt 15
23	Total of lines 15 through 22	22,948	130,249	219,975	612,270	985,442
24	Line 23 minus line 17	22,948	130,249	219,975	611,509	984,681
25	Enter 1% of line 23	229	1,302	2,200	6,123	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 19,694

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 0

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 984,681

d Add: Amounts from column (e) for lines: 18 46,517 19 0
22 91,415 26b 0 ▶ **26d** 137,932

e Public support (line 26c minus line 26d total) ▶ **26e** 846,749

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 86 %

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:

(2002) .... (2001) .... (2000) .... (1999) ....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2002) .... (2001) .... (2000) .... (1999) ....

c Add: Amounts from column (e) for lines: 15 ______ 16 ______
17 ______ 20 ______ 21 ______ ▶ **27c**

d Add: Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Line	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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	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?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	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.)

(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
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	**41**		
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.)

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

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:	Yes	No	Amount
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.**)			0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51a(i)**		✔
(ii) Other assets	**a(ii)**		✔
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		✔
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		✔
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		✔
(iv) Reimbursement arrangements	**b(iv)**		✔
(v) Loans or loan guarantees	**b(v)**		✔
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		✔
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		✔

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Statement 1
Form: 990
Page: 1
Part: I
Question: 8

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Sales of Assets Other than Inventory

Noninventory Asset

Description:	614 Park Ave Land
Sales Price:	$10,131.00
Date Sold:	02/17/2004
Sold To:	TriState Habitat for Humanity
Expense of Sale:	$0.00
Cost or value when acquired:	$9,257.00
Date acquired:	05/20/2003
How acquired:	Purchase
Depreciation since acquistion:	$0.00
Net Sale:	**$874.00**

Publicly Traded Securities

Description:	
Sales Price:	$1,213.00
Date Sold:	
Sold To:	
Expense of Sale:	$0.00
Cost or value when acquired:	$1,330.00
Date acquired:	
How acquired:	
Depreciation since acquistion:	$0.00
Net Sale:	**-$117.00**

Statement 2
Form: 990
Page: 1
Part: I
Question: 9

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Golf Outing	$27,929.00	$0.00	$27,929.00	$5,269.00	$22,660.00
Total:	**$27,929.00**	**$0.00**	**$27,929.00**	**$5,269.00**	**$22,660.00**

Statement 3
Form: 990
Page: 1
Part: I
Question: 20

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Other changes in Net Assets or Fund Balances

Explanation	Amount
Correction to Discount Amortization	-$84,869.00
Total:	**-$84,869.00**

Statement 4
Form: 990
Page: 2
Part: II
Question: 22

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Grants and Allocations

Type:	Cash
Number of individuals:	
Grant Amount	$16,552.00
Classification	Charitable
Name:	Habitat for Humanity International
Address:	121 Habitat St
City/State/Zip	Americus, GA 31709-3498 United States
Relationship:	NA
Date:	
Description of Property:	
Book Value of Property:	
How Book Value Determined	
FMV of Property:	
How FMV Determined:	

Type:	Cash
Number of individuals:	
Grant Amount	$400.00
Classification	Educational
Name:	St Simon's Summer Camp Scholarship
Address:	810 Matthews Dr
City/State/Zip	Cincinnati, OH 45215 United States
Relationship:	NA
Date:	
Description of Property:	
Book Value of Property:	
How Book Value Determined	
FMV of Property:	
How FMV Determined:	

Total Grants: **$16,952.00**

Statement 5
Form: 990
Page: 2
Part: II
Question: 42

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Depreciation and Depletion

Asset	Cost or Basis	Acc. Depr. (Start)	Current Deprec.	Acc. Depr. (End)
Trucks	$15,000.00	$5,500.00	$1,500.00	$7,000.00
Total			**$1,500.00**	

Statement 6
Form: 990
Page: 2
Part: II
Question: 43

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Construction Costs	$270,244.00	$270,244.00	$0.00	$0.00
Mortgage Discount Amortization	$96,867.00	$96,867.00	$0.00	$0.00
Liability & Auto Insurance	$4,700.00	$3,878.00	$822.00	$0.00
Miscellaneous	$17,548.00	$8,774.00	$8,774.00	$0.00
Total:	**$389,359.00**	**$379,763.00**	**$9,596.00**	**$0.00**

Statement 7
Form: 990
Page: 2
Part: III
Question:

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Program Services

Achievement		**Pgm. Svc. Exp.**
Housing, Shelter: Closed on four constructed and 1 rehabilitated home. Maintain 36 mortgages. (4 Houses)		$414,876.00
Grants and Allocations:	$0.00	
Housing, Shelter: International construction of housing in Belize through Habitat for Humanity International. (4 Houses)		$16,952.00
Grants and Allocations:	$16,952.00	
	Total:	**$431,828.00**

Statement 8 **HABITAT FOR HUMANITY INTERNATIONAL INC**
Form: 990 **31-1287581**
Page: 3
Part: IV
Question: 51C

Schedule of Other Notes and Loans Receivable

Borrower's Name:	Misc Homeowners
Borrower's Title:	
Original Amount:	$729,843.00
Balance Due:	$673,937.00
Date of Note:	
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Purpose of Loan:	
Description of Consideration:	
FMV of Consideration:	
Relationship of Borrower/Lender:	
Total Due:	**$673,937.00**

Statement 9
Form: 990
Page: 3
Part: IV
Question: 54

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Investments - Securities

Security	Valuation Type	Amount
Common Stocks	FMV	$4,500.00
Total:		**$4,500.00**

Statement 10
Form: 990
Page: 3
Part: IV
Question: 57

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Trucks	$15,000.00	$7,000.00	$8,000.00
Total:	**$15,000.00**	**$7,000.00**	**$8,000.00**

Statement 11
Form: 990
Page: 3
Part: IV
Question: 58

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Other Assets

Asset Description	BOY Amount	EOY Amount
Tri-state Loan less misc	$0.00	$13,098.00
Misc	$5,370.00	$0.00
Total:	**$5,370.00**	**$13,098.00**

Statement 12
Form: 990
Page: 3
Part: IV
Question: 65

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Other Liabilities

Liability Description	BOY Amount	EOY Amount
Escrow Payable	$25,045.00	$21,894.00
Payroll Liability	$129.00	$406.00
Total:	**$25,174.00**	**$22,300.00**

Statement 13
Form: 990
Page: 4
Part: V
Question:

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Howard Runda 28 Woodcreek Cincinnati, OH 45241 United States	Secretary	5	$0.00	$0.00	$0.00
Ed Bonnert 216 Miami Lakes Dr Milford, OH 45140 United States	Board Member	5	$0.00	$0.00	$0.00
Carole Maloney 305 Mayview Forest Cincinnati, OH 45215 United States	Board Member	5	$0.00	$0.00	$0.00
Gary Vidmar 5900 Fairway Drive Mason, OH 45040 United States	President	5	$0.00	$0.00	$0.00
Bill Case 7001 Dawson Madeira, OH 45243 United States	Board Member	5	$0.00	$0.00	$0.00
Tom Bauer 3718 Yellowstone Cincinnati, OH 45251 United States	Board Member	5	$0.00	$0.00	$0.00
Nancy Steege 5474 Headsgate Hamilton, OH 45011 United States	Board Member	5	$0.00	$0.00	$0.00
William Huber 6950 Gaynor Road Goshen, OH 45122 United States	Board Member	5	$0.00	$0.00	$0.00
Cindy Huckins P O Box 40543 Cincinnati, OH 45243 United States	Board Member	5	$0.00	$0.00	$0.00
Andrew Kantor 6637 Eagle Creek	Vice President	5	$0.00	$0.00	$0.00

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Hamilton, OH 45011 United States					

Statement 14
Form: 990
Page: 6
Part: VIII
Question:

HABITAT FOR HUMANITY INTERNATIONAL INC
31-1287581

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	The organizaton constructs homes for disadvantaged and/or low income families and finances the purchase at 0% interest.
103 a	Non-cash interest is required to be reported for the 0% loans to homeowners.
103 c	Homeowners who are late making payments owe late payment fees.
101	Golf Outing fund raiser

Statement 15 **HABITAT FOR HUMANITY INTERNATIONAL INC**
Form: Schedule A **31-1287581**
Page: 3
Part: IV-A
Question: 22

Other Income

Description	2002	2001	2000	1999
Misc	$0.00	$37,194.00	$31,384.00	$22,837.00
Total:	**$0.00**	**$37,194.00**	**$31,384.00**	**$22,837.00**