

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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.

A For the 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30/2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HABITAT FOR HUMANITY INTERNATIONAL, INC.	D Employer identification number 91-1914868
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 121 HABITAT STREET	E Telephone number (800) HAB-ITAT
	City or town, state or country, and ZIP + 4 AMERICUS, GA 31709-3498	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)
	Please use IRS label or print or type. See Specific Instructions.	

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. See instructions.)

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

G Website: WWW.HABITAT.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.

I Group Exemption Number 8545

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 12 176,777,439.

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	137,289,310.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	15,727,356.	
	d Total (add lines 1a through 1c) (cash \$ 133,209,098. noncash \$ 19,807,568.)	1d		153,016,666.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		4,438,125.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		153,696.
	5 Dividends and interest from securities	5		234,115.
	6 a Gross rents	6a	55,737.	
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		55,737.
	7 Other investment income (describe STMT 1)	7		151,833.
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	10,434,787.	
	(B) Other	8b	10,378.	
	Less: cost or other basis and sales expenses	8c	39,471.	
	c Gain or (loss) (attach schedule STMT 1A)	8d	-29,093.	
d Net gain or (loss) (combine line 8c, columns (A) and (B))			-98,705.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances STMT 2	10a	136,940.		
	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		136,940.
11 Other revenue (from Part VII, line 103)	11		8,145,162.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		166,233,569.	
Expenses	13 Program services (from line 44, column (B))	13		121,037,291.
	14 Management and general (from line 44, column (C))	14		6,243,563.
	15 Fundraising (from line 44, column (D))	15		33,292,354.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		160,573,208.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		5,660,361.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		64,121,884.
	20 Other changes in net assets or fund balances (attach explanation) STMT 3	20		1,224,875.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		71,007,120.

For Paperwork Reduction Act Notice, see the separate instructions.

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 22 of the instructions.)

Table with 5 columns: Line number, Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Compensation of officers, directors, etc., and Total functional expenses.

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 [x] No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Rows include AFFILIATED PROGRAMS - U.S., AFFILIATED PROJECTS - INTERNATIONAL, PUBLIC AWARENESS AND EDUCATION, and Total of Program Service Expenses.

Part IV Balance Sheets (See page 25 of the instructions.)

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	10,885,545.	45	17,236,152.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 2,357,558.		
	b Less: allowance for doubtful accounts	47b 138,227.	525,565.	47c 2,219,331.
	48a Pledges receivable	48a 49,503,461.		
	b Less: allowance for doubtful accounts	48b 11,749,169.	37,658,645.	48c 37,754,292.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule) STMT 7.	51a 25,657,510.		
	b Less: allowance for doubtful accounts	51b	24,392,837.	51c 25,657,510.
	52 Inventories for sale or use		1,083,115.	52 610,182.
	53 Prepaid expenses and deferred charges		959,876.	53 1,737,494.
	54 Investments - securities (attach schedule) STMT 8. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		19,856,232.	54 21,285,517.
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 23,006,069.			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 4A.	57b 12,662,995.	9,370,410.	57c 10,343,074.	
58 Other assets (describe <input type="checkbox"/> STMT 9)		7,358,880.	58 6,929,830.	
59 Total assets (add lines 45 through 58) (must equal line 74)		112,091,105.	59 123,773,382.	
Liabilities	60 Accounts payable and accrued expenses	16,507,806.	60	20,897,496.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule) STMT 10.		31,461,415.	64b 31,868,766.
65 Other liabilities (describe <input type="checkbox"/>)			65	
66 Total liabilities (add lines 60 through 65)		47,969,221.	66 52,766,262.	
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	4,622,602.	67	12,879,577.
	68 Temporarily restricted	59,499,282.	68	58,127,543.
	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)		64,121,884.	73 71,007,120.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		112,091,105.	74 123,773,382.	

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 27 of the instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements . . . ▶	a	a Total expenses and losses per audited financial statements ▶	a
	170,737,212.		163,520,546.
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments . . \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
<u>STMT 11</u> \$ 2,081,704.		<u>STMT 13</u> \$ 2,947,338.	
Add amounts on lines (1) through (4) ▶	b	Add amounts on lines (1) through (4) . . ▶	b
	2,081,704.		2,947,338.
c Line a minus line b ▶	c	c Line a minus line b ▶	c
	168,655,508.		160,573,208.
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 . . . \$		(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify):		(2) Other (specify):	
<u>STMT 12</u> \$ -2,421,939.			
Add amounts on lines (1) and (2) . . ▶	d	Add amounts on lines (1) and (2) . . ▶	d
	-2,421,939.		
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e
	166,233,569.		160,573,208.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 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
OFFICERS LIST				
SEE STATEMENT 15		748,535.	41,203.	NONE
BOARD OF DIRECTORS LIST				
SEE STATEMENT 15A				

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 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a GLOBAL WORK FEES					4,191,573.
b CHILD CARE SERVICE			03	246,552.	
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	153,696.	
96 Dividends and interest from securities			14	234,115.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			03	55,737.	
98 Net rental income or (loss) from personal property					
99 Other investment income			15	151,833.	
100 Gain or (loss) from sales of assets other than inventory			18	-98,705.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			01	136,940.	
103 Other revenue: a					
b STMT 16				176,287.	7,968,875.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,056,455.	12,160,448.
105 Total (add line 104, columns (B), (D), and (E))					13,216,903.

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).
▼	STMT 17

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

Signature of officer: Denise Devenny Date: _____

Type or print name and title: Denise Devenny, Vice President, Finance + CFO

Paid Preparer's Use Only

Preparer's signature: Susan Dull, CPA Date: 5/10/2005 Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. V): P00233523

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG LLP
600 PEACHTREE STREET, SUITE 2800
ATLANTA, GA 30308

EIN: 34-6565596 Phone no.: 404-874-8300

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization HABITAT FOR HUMANITY INTERNATIONAL, INC.	Employer identification number 91-1914868
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 121 HABITAT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AMERICUS, GA 31709-3498	

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

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **FEBRUARY 15**, **2005**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JULY 1**, **2003**, and ending **JUNE 30**, **2004**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

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 ▶ Susan Dull Title ▶ CPA P00233523 Date ▶ 11/2/2004

For Paperwork Reduction Act Notice, see Instruction **ERNST & YOUNG LLP** Form 8868 (12-2000)
P.O. BOX 10647
GREENVILLE, SC 29603 FEI 34-6565596

7108 4987 8660 0004 2314

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: HABITAT FOR HUMANITY INTERNATIONAL, INC. Employer identification number: 91-1914868
Number, street, and room or suite no. If a P.O. box, see instructions: 121 HABITAT STREET For IRS use only
City, town or post office, state, and ZIP code. For a foreign address, see instructions: AMERICUS, GA 31709-3498

Check type of return to be filed (File a separate application for each return):
[X] Form 990 [] Form 990-T(sec. 401(a) or 408(a) trust) [] Form 5227
[] Form 990-BL [] Form 990-T (trust other than above) [] Form 6069
[] Form 990-EZ [] Form 1041-A [] Form 8870
[] Form 990-PF [] 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 the care of DENISE DEVENNY Telephone No. 229-924-6935 FAX No. 229-928-2697
If the organization does not have an office or place of business in the United States, check this box.
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 16, 2005
5 For calendar year, or other tax year beginning JULY 1, 2003 and ending JUNE 31, 2004
6 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER ALL OF THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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. \$
b 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. \$
c 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. \$

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: Susan Dull Title: CPA P00233523 Date: 1/27/2005 29603
ERNST & YOUNG, PO BOX 10647, GREENVILLE, SC

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 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 mailing copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print Name: ERNST & YOUNG LLP ATTN: SUSAN DULL
Number and street (include suite, room, or apt. no.) or a P.O. box number: POST OFFICE BOX 10647
City or town, province or state, and country (including postal or ZIP code): GREENVILLE, SC 29603

7001 1940 8007 9697 7115

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

91-1914868

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
<u>JUDITH M. BLANCHETTE</u> N/A BANGRAK, BANGKOK, THAILAND	DIRECTOR 40	57,380.	3,461.	75,947.
<u>DONALD S. HASZCZYN</u> H-1037 HORTENZIA KOZ B BUDAPEST, HUNGARY	VP 40	71,345.	NONE	116,331.
<u>RICHARD K. HATHAWAY</u> N/A BANGRAK, BANGKOK, THAILAND	DIRECTOR 40	57,380.	4,087.	72,345.
<u>LUCIJA POPOVSKA</u> MERLEG UTCA 12 BUDAPEST, HUNGARY	DIRECTOR 40	56,716.	NONE	55,530.
<u>STEVEN M. WEIR</u> N/A BANGRAK, BANGKOK, THAILAND	VP 40	71,344.	4,527.	77,922.
Total number of other employees paid over \$50,000 ▶	111			

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
<u>ARAMARK SERVICEMASTER, INC.</u> 2300 WARRENVILLE RD, DOWNERS GROVE, IL 6	FACILITY MGMT	167,100.
<u>BENNETT KUHN VARNER, INC.</u> 2964 PEACHTREE RD, STE 700, ATLANTA, GA	DIRECT MARKETING CON	193,600.
<u>CRAVER, MATHEWS, SMITH, INC.</u> 4121 WILSON BLVD., 11TH FL, ARLINGTON, V	DIRECT MARKETING CON	483,752.
<u>ERNST & YOUNG</u> P.O. BOX 406725, ATLANTA, GA 30384	AUDIT	240,469.
<u>WHITEWATER</u> 79 FORTRESS ROAD, LONDON, NW5 1AG	DIRECT MARKETING CON	285,264.
Total number of others receiving over \$50,000 for professional services ▶	13	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2003
JSA

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 ▶ \$ <u>74,013</u> . (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
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?		X
b	Lending of money or other extension of credit? S.T.M.T. 18	X	
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? S.T.M.T. 19	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		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)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 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.)	148524062.	151243219.	149257792.	155521265.	604546338.
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	9,173,816.	2,452,568.	6,064,896.	4,033,467.	21,724,747.
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	521,553.	423,219.	1,663,530.	2,989,586.	5,597,888.
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	1,218,695.	5,996,345.	5,339,751.	3,112,666.	15,667,457.
23 Total of lines 15 through 22	159438126.	160115351.	162325969.	165656984.	647536430.
24 Line 23 minus line 17	150264310.	157662783.	156261073.	161623517.	625811683.
25 Enter 1% of line 23	1,594,381.	1,601,154.	1,623,260.	1,656,570.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 12,516,234.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b NONE
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 625811683.
d Add: Amounts from column (e) for lines: 18 5,597,888. 19 _____					26d 21265345.
22 15,667,457. 26b NONE					
e Public support (line 26c minus line 26d total)					26e 604546338.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.6020 %
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) <u>NOT APPLICABLE</u> (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 _____					27c
17 _____ 20 _____ 21 _____					
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) NOT APPLICABLE

	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
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) **NOT APPLICABLE**

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
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	41	
	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.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	STMT 20
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		STMT 21 74,013
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			74,013

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		X
(ii) Other assets		X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

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
N/A			

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
N/A		

Name of organization

HABITAT FOR HUMANITY INTERNATIONAL, INC.

Employer identification number

91-1914868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. *Complete this information only on the first Part III page.*

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization **HABITAT FOR HUMANITY INTERNATIONAL, INC.**

Employer identification number
91-1914868

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	FEDERAL AMERICORP CORP OF NATIONAL SERV 1201 NEW YORK AVENUE, NW WASHINGTON, DC 20525	3,512,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SHOP US DEPARTMENT OF HUD 451 SEVENTH STREET, SW, ROOM 7168 WASHINGTON, DC 20410-4500	8,495,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
7	CAPACITY BLDG GRANT US DEPT OF HUD 451 SEVENTH STREET, SW, ROOM 7216 WASHINGTON, DC 20410	2,928,914.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - OTHER INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

ROYALTY INCOME

151,833.

TOTAL

151,833.

=====

HABITAT FOR HUMANITY INTERNATIONAL, INC.
EIN: 91-1914868
FOR THE YEAR ENDED JUNE 30, 2004

FORM 990, PART I, LINE 8: Gain/(loss) on sale of assets other than inventory

COLUMN (A) - SECURITIES

<u>Description</u>	<u>Sale Price</u>	<u>Cost</u>	<u>Gain/(Loss)</u>
Publicly Held Securities	10,434,787	10,504,399	(69,612)

COLUMN (B) - OTHER

<u>Description</u>	<u>Sale Price</u>	<u>Adjusted Basis</u>	<u>Gain/(Loss)</u>
Building, Computers	10,378	39,471	(29,093)
			<hr/>
			<u>(98,705)</u>

STATEMENT 1A

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====

DESCRIPTION -----	AMOUNT -----
INVENTORY SALES	592,982.
COST OF GOODS SOLD	-456,042.

TOTAL	136,940.
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAINS	375,952.
IN-KIND SERVICES REPORTED IN FINANCIAL STATEMENT	848,923.

TOTAL	1,224,875. =====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
U. S. AFFILIATES	RELATED EXEMPT	HOME BUILDING	69,084,690.
INTERNATIONAL AFFILIATES	RELATED EXEMPT	HOME BUILDING	
PUBLIC AWARENESS AND EDUCATION	RELATED EXEMPT	COMMUNICATE NEED FOR MODEST HOUSING	
		TOTAL CONTRIBUTIONS PAID	69,084,690.

HABITAT FOR HUMANITY INTERNATIONAL, INC.
 EIN: 91-1914868
 FOR THE YEAR ENDED JUNE 30, 2004

FORM 990, PART VI, LINE 57

COST BASIS:

	COST AT BEGINNING OF YEAR	CURRENT YEAR ADDITIONS	YEAR DISPOSALS/T RANSFERS	OTHER	COST BASIS AT END OF YEAR
LAND	896,094	19,608	(24,730)		890,972
LAND IMPROVEMENTS	-				-
BUILDINGS	10,369,780	198,735	(15,825)		10,552,690
LEASEHOLD IMPROVEMENTS	-				-
FIXED EQUIPMENT	-				-
MAJOR MOVEABLE EQUIPMENT	8,604,583	1,848,166	(57,871)		10,394,878
FURNITURE & FIXTURES	211,377	113,242			324,619
AUTOMOTIVE	374,704	489,626	(21,420)		842,910
CONSTRUCTION IN PROGRESS	-				-
TOTAL PROPERTY, PLANT & EQUIPMENT	18,470,323	2,669,377	(119,846)	-	23,006,069

ACCUMULATED DEPRECIATION:

	BEGINNING ACCUMULATED DEPRECIATION	CURRENT YEAR ADDITIONS	CURRENT YEAR DISPOSALS	OTHER	ENDING ACCUMULATED DEPRECIATION
LAND	-				-
LAND IMPROVEMENTS	-				-
BUILDINGS	3,453,375	428,251	(7,595)		3,874,031
LEASEHOLD IMPROVEMENTS	-				-
FIXED EQUIPMENT	-				-
MAJOR MOVEABLE EQUIPMENT	7,241,507	900,006	(51,362)		8,090,151
FURNITURE & FIXTURES	98,932	70,699			169,631
AUTOMOTIVE	292,314	55,241	(21,419)	203,046	529,182
CONSTRUCTION IN PROGRESS	-	-	-	-	-
	6,858,984	1,454,197	(58,957)	-	12,662,995

NET BOOK VALUE

10,343,074

DEPRECIATION EXPENSE IS CALCULATED ON A STRAIGHT-LINE BASIS OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS.

HABITAT FOR HUMANITY INTERNATIONAL, INC.

91-1914868

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL SERVICES	4,355,844.	2,352,325.	220,074.	1,783,445.
SERVICE AGREEMENTS	2,449,447.	1,212,530.	615,832.	621,085.
TRAINING, RECRUITMENT & BOOKS	816,655.	520,882.	143,887.	151,886.
INSURANCE	1,428,010.	1,140,349.	146,435.	141,226.
OFFICE EQUIP. NOT CAPITALIZED	1,397,132.	1,165,380.	52,334.	179,418.
MISCELLANEOUS	1,106,418.	758,037.	313,415.	34,966.
TOTALS	11,553,506.	7,149,503.	1,491,977.	2,912,026.

HABITAT FOR HUMANITY INTERNATIONAL, INC.

FYE: JUNE 30, 2004

FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

Habitat for Humanity International, Inc., (Habitat), is a non-denominational Christian organization whose purpose is to sponsor affiliates in Habitat development globally, to construct modest but adequate housing, and to associate with other organizations functioning with purposes consistent with those of Habitat. Habitat's goal is to eliminate poverty housing and homelessness worldwide and to stir the hearts and minds of others to take action on this issue. Habitat has built more than **175,000** houses around the world, providing some **875,000** people with safe, decent, and affordable shelter. Habitat invites people from all walks of life to work together in partnership to help build houses with families in need.

Through volunteer labor and tax-deductible donations of money and materials, Habitat builds and rehabilitates simple, decent houses with the help of the homeowner (partner) families. Habitat houses are sold to partner families at no profit, and mortgages are financed with affordable, no-interest loans. The homeowners' monthly mortgage payments go to a revolving "Fund for Humanity" that is used to build more houses.

Habitat is not a give-away program. In addition to a down payment and the monthly mortgage payments, homeowners invest hundreds of hours of their own labor ("sweat equity") into building their houses and the houses of others.

There are now more than **2100** active affiliates located in all 50 U.S. states, the District of Columbia, the territory of Puerto Rico, and Bermuda, as well as in **100** countries around the world. Habitat currently completes construction or rehabilitation on an average of sixty homes every day.

Habitat is a grass-roots movement. Concerned citizens come together as volunteers to form a Habitat affiliate in their community. Fund-raising, house construction, family selection, and other key decisions are carried out by the local affiliates. Habitat headquarters, located in Americus, GA, provides information, training, prayer support, and other services to Habitat affiliates worldwide.

Due to the extreme poverty found in many developing nations, Habitat affiliates in developing countries often received funds for house building from Habitat headquarters. However, international affiliates are required to raise as much of their funding locally as possible.

HABITAT FOR HUMANITY INTERNATIONAL, INC.

FYE: JUNE 30, 2004

**FORM 990, PART III
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

Affiliated Programs:

International and U.S. affiliates – grassroots organizations of local people coming together to address local needs – are independent, not-for-profit groups that are approved by regional, area, or national offices of Habitat for Humanity International (Habitat) and operate within a covenant agreement with Habitat. All affiliates are encouraged to be self-supporting in the fund-raising efforts; however, Habitat also solicits contributions, both cash and in-kind on their behalf. Some affiliates in developing countries, where severely limited resources constrain local fund-raising, receive the majority of their funding from Habitat. All affiliates are expected to tithe 10% of their unrestricted cash contributions to Habitat work outside their own country. Tithes from U.S. affiliates total **\$10,196,103 in FY 2004**, and are included in contributions in the accompanying statement of activities and changes in net assets.

Public Awareness and Education:

Habitat for Humanity International's public awareness and education activities bring to the public's attention humanity's need for modest but adequate housing.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: AFFILIATE NOTES

BEGINNING BALANCE DUE	24,392,837.
ENDING BALANCE DUE	25,657,510.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	24,392,837.
--	-------------

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	25,657,510.
--	-------------

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
CERTIFICATES OF DEPOSIT	4,844,508.
STOCKS	5,896,337.
BONDS - US TREAS. & CORPORATE	10,544,672.
TOTALS	21,285,517.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE FROM AFFILIATES	6,929,830.
TOTALS	----- 6,929,830. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: VARIOUS INDIVIDUALS
INTEREST RATE: NONE
DATE OF NOTE: VAR
MATURITY DATE: VAR
REPAYMENT TERMS: PAYABLE PRINCIPALLY ON DEMAND
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: WORKING CAPITAL
DESCRIPTION AND FMV: CASH
OF CONSIDERATION:

BEGINNING BALANCE DUE 435,305.
ENDING BALANCE DUE 497,557.

LENDER: KAY LYNN MIKAMI
ORIGINAL AMOUNT: 50,000.
INTEREST RATE: 3.000000
DATE OF NOTE: 07/01/1996
MATURITY DATE: VAR
REPAYMENT TERMS: 50,000 PAYABLE IN '04 REMAINDER PAYABLE ON DEMAND
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: WORKING CAPITAL
DESCRIPTION AND FMV: CASH
OF CONSIDERATION:

BEGINNING BALANCE DUE 50,000.
ENDING BALANCE DUE 50,000.

LENDER: INVESTOR NOTES PAYABLE
ORIGINAL AMOUNT: 38,487,444.
INTEREST RATE: 3.25-4.275%
DATE OF NOTE: VAR
MATURITY DATE: VAR
REPAYMENT TERMS: INTEREST EXPENSE PAYABLE ANNUALLY
SECURITY PROVIDED: MORTGAGES GENERATED BY AFFILIATE
PURPOSE OF LOAN: ASSIST AFFILIATES IN FINANCING MORTGAGES
DESCRIPTION AND FMV: CASH
OF CONSIDERATION:

BEGINNING BALANCE DUE 27,888,383.
ENDING BALANCE DUE 28,695,484.

LENDER: VARIOUS HFH AFFILIATES
 INTEREST RATE: NONE
 DATE OF NOTE: VAR
 MATURITY DATE: VAR
 REPAYMENT TERMS: ANNUALLY
 SECURITY PROVIDED: UNSECURED
 PURPOSE OF LOAN: WORKING CAPITAL
 DESCRIPTION AND FMV OF CONSIDERATION: CASH

BEGINNING BALANCE DUE	1,592,727.
ENDING BALANCE DUE	1,751,725.

LENDER: FREDDIE MAC
 ORIGINAL AMOUNT: 2,000,000.
 INTEREST RATE: NONE
 DATE OF NOTE: 10/31/2001
 MATURITY DATE: 10/31/2006
 REPAYMENT TERMS: ANNUALLY
 SECURITY PROVIDED: UNSECURED
 PURPOSE OF LOAN: WORKING CAPITAL
 DESCRIPTION AND FMV OF CONSIDERATION: CASH

BEGINNING BALANCE DUE	1,495,000.
ENDING BALANCE DUE	874,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	31,461,415.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	31,868,766.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
-----	-----
IN-KIND SERVICES	848,923.
UNREALIZED GAINS	375,952.
HABITAT FOR HUMANITY MIDDLE EAST - REVENUE	856,829.

TOTAL	2,081,704.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
PLEDGE WRITE-OFF	-2,421,939.
TOTAL	----- -2,421,939. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
-----	-----
HABITAT FOR HUMANITY MIDDLE	
EAST - EXPENSES	525,398.
PLEDGE WRITE-OFF - NETTED WITH CONTRIBUTION INCOME	2,421,939.
ROUNDING	1.

TOTAL	2,947,338.
	=====

91-1914868

HABITAT FOR HUMANITY INTERNATIONAL, INC.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MILLARD DEAN FULLER 121 HABITAT STREET AMERICUS, GA 31709	PRESIDENT 40	79,500.	4,770.	NONE
DAVID A. WILLIAMS 121 HABITAT STREET AMERICUS, GA 31709	EXEC VP/COO 40	106,470.	6,388.	NONE
DENNIS H. BENDER 121 HABITAT STREET AMERICUS, GA 31709	SR VP 40	45,304.	NONE	NONE
ROBIN L. SHELL 121 HABITAT STREET AMERICUS, GA 31709	SR VP 40	90,336.	5,358.	NONE
MICHAEL E. CARSCADDON 121 HABITAT STREET AMERICUS, GA 31709	SR VP 40	99,022.	6,129.	NONE
REGINA M. HOPKINS 121 HABITAT STREET AMERICUS, GA 31709	VP/ASST. SECRETARY 40	90,944.	5,463.	NONE
SUSAN J. DETITTA 121 HABITAT STREET AMERICUS, GA 31709	ASSISTANT SECRETARY 40	42,641.	1,300.	NONE
DENISE E. DEVENNY 121 HABITAT STREET AMERICUS, GA 31709	VP/CFO 40	87,864.	5,279.	NONE

91-1914868

HABITAT FOR HUMANITY INTERNATIONAL, INC.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANTHONY J. DISPIGNO 121 HABITAT STREET AMERICUS, GA 31709	SR VP 40	106,454.	6,516.	NONE
BOARD OF DIRECTORS LIST SEE STATEMENT 15A				
GRAND TOTALS		748,535.	41,203.	NONE

Habitat for Humanity International, Inc.
Form 990, Part V, List of Officers, Directors, and Trustees
For the year ended June 30, 2004

91-1914868

Nabil Abadir
PO Box 162-11811 Panorama
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EGYPT

Janet Huckabee
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Larry Prible
5977 Heaton Pass
Carmel IN 46033

Barbara Alexander
87 Monarch Bay Drive
Monarch Beach CA 92629

Secretary
Chantal Hudicourt-Ewald
27 Avenue Marie Jeanne
Cite de l'Exposition
Port-au-Prince
HAITI

Chair
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Minnetonka MN 55345

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Vice Chair
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Providence RI 02906

Vice Chair
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Washington D.C. 20016

Jack Kemp
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Washington D.C. 20006

Richard Roberts

Paul Ekelschot
Herman Heijermans weg 10
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Ex-officio
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Americus GA 31709

William McGvern
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Belfast BT9 6FT
N. IRELAND

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Escazu
COSTA RICA

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Belvedere Street
Durbanville 7550
SOUTH AFRICA

David Hicks
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Jacks onville FL 32204

Symon Msefula
Malawi Stock Exchange Limited
Old Reserve Bank Building, Victoria Ave.
Private Bag 270 Blant
MALAWI

Ron Terwilliger
2859 Paces Ferry Road
Suite 1100
Atlanta GA 30339

Habitat for Humanity International, Inc.
Form 990, Part V, List of Officers, Directors, and Trustees
For the year ended June 30, 2004

91-1914868

Treasurer
Charles Thiemann
6010 Gaines Rd.
Cincinnati OH 45247

Bob Willumstad
399 Park Avenue, 2nd Floor
New York NY 10013

Fernando Zobel de Ayala
c/o Ayala Corp. 34th Floor
Tower One, Ayala Triangle
Ayala Avenue
Makati
PHILIPPINES

The individuals listed are directors, unless title is indicated. The board receives no compensation for their services to HFHI. The board devotes approximately 1 hour/week in service to the board.

91-1914868

HABITAT FOR HUMANITY INTERNATIONAL, INC.

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
AFF GRANT MATCH PA					1,321,047.
AFF SHOP PART					2,120,527.
MAILING LIST					830,009.
CONF/COLLEG CHALL					205,959.
PROCEEDS FROM SALE OF HOUSES				589,303.	
ANNUITY REVENUE	18			176,287.	
MISC. REVENUES					2,902,030.
TOTALS				176,287.	7,968,875.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	WORK PROJECT REGISTRATION FEES - A FEE IS PAID TO PARTICI- PATE IN CERTAIN WORK PROJECTS, SUCH AS HOUSE BUILDING. PARTICIPANTS GAIN GREATER UNDERSTANDING OF THE NEED FOR SIMPLE DECENT HOUSING FOR LOW INCOME FAMILIES BY SUCH ACTIVITIES.
93B	CHILD CARE SERVICE - A CHILD CARE CENTER IS OPERATED BY HABITAT FOR THE BENEFIT OF EMPLOYEES, VOLUNTEERS, AND THE COMMUNITY AT LARGE. HABITAT PROVIDES MOST OF THE COST TO OPERATE THE CENTER. MINIMAL FEES ARE CHARGED BASED ON FAMILY SIZE AND INCOME.
97B	RENTAL INCOME FROM HOUSES RELATED TO HABITAT FOR HUMANITY'S EXEMPT PURPOSE.
102	PROFIT FROM THE SALE OF INVENTORY - HABITAT SELLS BOOKS, CASSETTES, VIDEO TAPES, CLOTHING, AND OTHER PROMOTIONAL ITEMS TO FURTHER THE AWARENESS OF THE HFHI AND THE NEED FOR SIMPLE DECENT HOUSING FOR LOW INCOME FAMILIES.
103	REIMBURSEMENT OF EXPENSES AND MISCELLANEOUS INCOME RELATED TO HFHI'S EXEMPT PURPOSE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

=====

IN FYE 6/30/2004, HFHI ISSUED BONDS TO INVESTORS AS PART OF A PRIVATE PLACEMENT. THE BONDS ARE SECURED BY A GROUP OF AFFILIATE MORTGAGES POOLED BY HFHI. PAYMENTS ON THE BONDS ARE MADE FROM THE PROCEEDS OF THE MORTGAGES GENERATED BY THE AFFILIATES. ONE OF THE FINANCIAL INSTITUTIONS WHICH PURCHASED A BOND IS AFFILIATED WITH A MEMBER OF HFHI'S BOARD OF DIRECTORS. THE BONDS ARE FOR A TERM OF SEVEN YEARS AND ARE SOLD TO A NUMBER OF INVESTORS AT A BELOW-MARKET INTEREST RATE. PAYMENTS ARE MADE FROM THE GENERAL ASSETS OF THE AFFILIATES, WHICH HAVE NO AFFILIATION WITH THE DIRECTOR IN QUESTION. THE PROCEEDS OF THE BONDS ARE DISTRIBUTED TO THE AFFILIATES, WHO USE THE FUNDS FOR THEIR CHARITABLE ACTIVITIES.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

REIMBURSEMENT FOR TRAVEL AND OTHER RELATED EXPENSES FOR THE FOLLOWING PERSONS:

MILLARD FULLER	\$2,518
DAVID WILLIAMS	\$7,450
DENNIS BENDER	\$6,571
ROBIN SHELL	\$3,550
MIKE CARSCADDON	\$5,968
REGINA HOPKINS	\$6,781
SUSAN DETITTA	\$26,183
DENISE DEVENNY	\$4,259
ANTHONY DISPIGNO	\$9,487

SEE ALSO FORM 990 PART V

SCHEDULE A, PART VI-B - PAID STAFF OR MANAGEMENT

=====

TIME SPENT BY STAFF IN WASHINGTON ADVOCATING FOR SELF HELP HOME OWNERSHIP AND CAPACITY BUILDING GRANT FUNDS

CERTAIN FLORIDA AFFILIATES PAID A LOBBYIST FOR THE FLORIDA LEGISLATURE TO LOBBY FOR THE COMMUNITY CONTRIBUTION TAX CREDIT ACT AND OTHER STATE PROGRAMS THAT OUR AFFILIATES USE IN ORDER TO BUILD HOUSES WITH LOW AND VERY LOW INCOME FLORIDA FAMILIES.

SCHEDULE A, PART VI-B - DIRECT CONTACT WITH LEGISLATORS

=====
TIME SPENT BY STAFF IN WASHINGTON ADVOCATING FOR SELF HELP HOME OWNERSHIP AND CAPACITY BUILDING GRANT FUNDS.

CERTAIN FLORIDA AFFILIATES PAID A LOBBYIST FOR THE FLORIDA LEGISLATURE TO LOBBY FOR THE COMMUNITY CONTRIBUTION TAX CREDIT ACT AND OTHER STATE PROGRAMS THAT OUR AFFILIATES USE IN ORDER TO BUILD HOUSES WITH LOW AND VERY LOW INCOME FLORIDA FAMILIES.