



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

HABITAT FOR HUMANITY OF CHARLOTTE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

PO BOX 220287

City or town, state or country, and ZIP + 4

CHARLOTTE, NC 28222

F Name and address of principal officer

FRANK SPENCER

PO BOX 220287

CHARLOTTE, NC 28222

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW HABITATCHARLOTTE ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

NC

Part I	Summary																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ENCOURAGE, PROMOTE, AND ASSIST IN THE BUILDING AND REDEVELOPMENT OF LOW-INCOME HOUSING																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td> 3 Number of voting members of the governing body (Part VI, line 1a) </td><td> 3 </td><td> 23 </td></tr><tr><td> 4 Number of independent voting members of the governing body (Part VI, line 1b) </td><td> 4 </td><td> 23 </td></tr><tr><td> 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) </td><td> 5 </td><td> 93 </td></tr><tr><td> 6 Total number of volunteers (estimate if necessary) </td><td> 6 </td><td> 5,110 </td></tr><tr><td> 7a Total unrelated business revenue from Part VIII, column (C), line 12 </td><td> 7a </td><td> 169,943 </td></tr><tr><td> b Net unrelated business taxable income from Form 990-T, line 34 </td><td> 7b </td><td> 0 </td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	23	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	93	6 Total number of volunteers (estimate if necessary)	6	5,110	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	169,943	b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
3 Number of voting members of the governing body (Part VI, line 1a)	3	23																							
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23																							
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	93																							
6 Total number of volunteers (estimate if necessary)	6	5,110																							
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	169,943																							
b Net unrelated business taxable income from Form 990-T, line 34	7b	0																							
Revenue	<table><tr><td> 8 Contributions and grants (Part VIII, line 1h) </td><td> Prior Year </td><td> Current Year </td></tr><tr><td> 9 Program service revenue (Part VIII, line 2g) </td><td> 4,195,416 </td><td> 3,612,278 </td></tr><tr><td> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) </td><td> 6,747,425 </td><td> 10,430,088 </td></tr><tr><td> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) </td><td> 109,340 </td><td> 49,554 </td></tr><tr><td> 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) </td><td> 2,035,030 </td><td> 545,053 </td></tr><tr><td> 13,087,211 </td><td> 14,636,973 </td></tr></table>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9 Program service revenue (Part VIII, line 2g)	4,195,416	3,612,278	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,747,425	10,430,088	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,340	49,554	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,035,030	545,053	13,087,211	14,636,973							
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year																						
	9 Program service revenue (Part VIII, line 2g)	4,195,416	3,612,278																						
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,747,425	10,430,088																						
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,340	49,554																						
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,035,030	545,053																							
13,087,211	14,636,973																								
Expenses	<table><tr><td> 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) </td><td> 146,182 </td><td> 296,357 </td></tr><tr><td> 14 Benefits paid to or for members (Part IX, column (A), line 4) </td><td> 0 </td><td> 0 </td></tr><tr><td> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) </td><td> 3,499,223 </td><td> 3,977,778 </td></tr><tr><td> 16a Professional fundraising fees (Part IX, column (A), line 11e) </td><td> 0 </td><td> 0 </td></tr><tr><td> b Total fundraising expenses (Part IX, column (D), line 25) 597,973 </td><td></td><td></td></tr><tr><td> 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) </td><td> 7,866,790 </td><td> 10,459,661 </td></tr><tr><td> 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) </td><td> 11,512,195 </td><td> 14,733,796 </td></tr><tr><td> 19 Revenue less expenses Subtract line 18 from line 12 </td><td> 1,575,016 </td><td> -96,823 </td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	146,182	296,357	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,499,223	3,977,778	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) 597,973			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,866,790	10,459,661	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,512,195	14,733,796	19 Revenue less expenses Subtract line 18 from line 12	1,575,016	-96,823
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	146,182	296,357																						
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0																						
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,499,223	3,977,778																						
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0																						
	b Total fundraising expenses (Part IX, column (D), line 25) 597,973																								
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,866,790	10,459,661																						
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,512,195	14,733,796																							
19 Revenue less expenses Subtract line 18 from line 12	1,575,016	-96,823																							
Net Assets or Fund Balances	<table><tr><td></td><td> Beginning of Current Year </td><td> End of Year </td></tr><tr><td> 20 Total assets (Part X, line 16) </td><td> 33,839,922 </td><td> 33,691,346 </td></tr><tr><td> 21 Total liabilities (Part X, line 26) </td><td> 3,964,085 </td><td> 3,913,508 </td></tr><tr><td> 22 Net assets or fund balances Subtract line 21 from line 20 </td><td> 29,875,837 </td><td> 29,777,838 </td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	33,839,922	33,691,346	21 Total liabilities (Part X, line 26)	3,964,085	3,913,508	22 Net assets or fund balances Subtract line 21 from line 20	29,875,837	29,777,838												
		Beginning of Current Year	End of Year																						
	20 Total assets (Part X, line 16)	33,839,922	33,691,346																						
	21 Total liabilities (Part X, line 26)	3,964,085	3,913,508																						
22 Net assets or fund balances Subtract line 21 from line 20	29,875,837	29,777,838																							

Part II

Signature Block

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.

Sign Here

Signature of officer

2012-11-12

Date

FRANK SPENCER CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

AMY BIBBY

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

P00445891

Firm's name (or yours if self-employed), address, and ZIP + 4

DIXON HUGHES GOODMAN LLP

500 RIDGEFIELD COURT

ASHEVILLE, NC 28806

EIN

56-0747981

Phone no

(828) 254-2254

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Check if Schedule O contains a response to any question in this Part III ☒

HABITAT FOR HUMANITY OF CHARLOTTE TRANSFORMS LIVES BY PARTNERING WITH FAMILIES AND OUR COMMUNITIES TO CREATE AND PRESERVE AFFORDABLE HOME OWNERSHIP SOLUTIONS

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

IN MAY 2012, FRANK SPENCER BECAME HABITAT CHARLOTTE'S NEW PRESIDENT BERT GREEN, WHO LED THE ORGANIZATION SINCE 1993, REMAINS AS DIRECTOR OF STRATEGIC INITIATIVES, CHAMPIONING THE AFFILIATE'S SUSTAINABILITY AND GREEN INITIATIVES, MANAGING INTERNATIONAL RELATIONSHIPS AND SUPPORTING THE NC STATE-WIDE HABITAT ORGANIZATION WHILE HABITAT CHARLOTTE'S PROGRAMS HAVE EXPANDED IN RECENT YEARS BEYOND NEW HOME CONSTRUCTION TO INCLUDE THE PURCHASE AND REHAB OF VACANT FORECLOSED HOMES AND THE REPAIR OF EXISTING OWNER-OCCUPIED HOMES, THE AFFILIATE REMAINS COMMITTED TO ITS CORE MISSION OF CREATING AND PRESERVING AFFORDABLE HOUSING FOR CHARLOTTE'S LOW-INCOME FAMILIES DURING THE 2011-2012 FISCAL YEAR, HABITAT CHARLOTTE SERVED A RECORD-SETTING 101 NEW FAMILIES, THUS BRINGING THE CUMULATIVE TOTAL TO 1,143 FAMILIES SINCE 1983 INCLUDED IN THE 101 FAMILIES SERVED LAST YEAR ARE 34 FAMILIES WHO PURCHASED NEW HOMES, 40 WHO PURCHASED VACANT FORECLOSED HOMES AND 27 FAMILIES SERVED THROUGH THE HABITAT CRITICAL HOME REPAIR PROGRAM IN ADDITION TO THESE NEWCOMERS TO THE HABITAT CHARLOTTE FAMILY, THE AFFILIATE CONTINUES TO SERVE HUNDREDS OF FAMILIES IN THE YEARS FOLLOWING THE PURCHASE OF THEIR HOMES HABITAT CHARLOTTE'S TWO RESTORES AND JULIA'S CAFE & BOOKS CONTINUE TO PROVIDE A VITAL AND SUSTAINABLE REVENUE STREAM FOR THE HOUSING MINISTRY IN ADDITION TO DONATED GOODS SOLD AT THE RETAIL OUTLETS, THE RESTORE'S METAL RECYCLING CENTER PROCESSES USED APPLIANCES AND OTHER METAL ITEMS THAT ARE DONATED BUT ARE NOT IN RESALE CONDITION VOLUNTEERS AT THIS FACILITY SORT THE METALS WHICH ARE LATER SOLD TO RECYCLERS PROFITS GENERATED FROM RETAIL AND RECYCLING OPERATIONS LAST YEAR WERE SUFFICIENT TO FUND 13 NEW HABITAT HOMES HABITAT CHARLOTTE CONTINUED THE LONG-STANDING RELATIONSHIP WITH ITS SISTER AFFILIATE IN EL SALVADOR CUMULATIVE TITHES FROM THE AFFILIATE TO EL SALVADOR PASSED THE \$3 MILLION MARK DURING FY 2011-2012 THROUGHOUT THE DURATION OF THE EL SALVADOR PARTNERSHIP, A TOTAL OF 1,097 FAMILIES HAVE BEEN SERVED, 54 OF THEM IN THE LAST YEAR ALONE

[illegible]

4e	Total program service expenses	\$ 13,617,329
-----------	---------------------------------------	----------------------

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	47		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	93		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the aggregate amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MICHAEL MASTO 3815 LATROBE DRIVE CHARLOTTE, NC 28211 (704) 716-7043

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL BLUE PRESIDENT	1 00	X		X				0	0	0
(2) SCOTT BENDEL VICE PRESIDENT	1 00	X		X				0	0	0
(3) TODD R WILLIAMS VICE PRESIDENT	1 00	X		X				0	0	0
(4) CYRUS M JOHNSON JR SECRETARY	1 00	X		X				0	0	0
(5) CHARLIE GREER TREASURER	1 00	X		X				0	0	0
(6) WILL BARNHARDT BOARD MEMBER	1 00	X						0	0	0
(7) JOHN BAXTER BOARD MEMBER	1 00	X						0	0	0
(8) JIM EARLY BOARD MEMBER	1 00	X						0	0	0
(9) RICH DAVIES BOARD MEMBER	1 00	X						0	0	0
(10) SARAH GEORGE BOARD MEMBER	1 00	X						0	0	0
(11) BORIS HENDERSON BOARD MEMBER	1 00	X						0	0	0
(12) LUCIA Z GRIFFITH BOARD MEMBER	1 00	X						0	0	0
(13) JIM HALLMARK BOARD MEMBER	1 00	X						0	0	0
(14) TREVOR JOHNSON BOARD MEMBER	1 00	X						0	0	0
(15) LYNN LYONS BOARD MEMBER	1 00	X						0	0	0
(16) HUGH MCCOLL BOARD MEMBER	1 00	X						0	0	0
(17) LUCY S MCDERMOTT BOARD MEMBER	1 00	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KELLIANNE NAGY BOARD MEMBER	1 00	X						0	0	0
(19) DAVID SHARP BOARD MEMBER	1 00	X						0	0	0
(20) JEANA SHEENAN BOARD MEMBER	1 00	X						0	0	0
(21) JOSE SIMON BOARD MEMBER	1 00	X						0	0	0
(22) BRENDA SUITS BOARD MEMBER	1 00	X						0	0	0
(23) JENNIFER TREVISOL BOARD MEMBER	1 00	X						0	0	0
(24) FRANK SPENCER CEO (MAY 2012-PRESENT)	40 00			X				0	0	0
(25) BERT GREEN EX DIR (JUL '11-APR '12)	40 00			X				72,487	0	9,241
(26) MARGARET ROBERTSON ASSOC DIR (JUL '11-NOV '11)	40 00			X				73,234	0	7,941
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								145,721	0	17,182

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SUMMIT AIR AND ELECTRICAL LLC PO BOX 1233 HARRISBURG, NC 28075	HEATING, AIR, AND ELECTRIC SERVICES	256,837
THOMAS P OWENS DBA CHRISTIAN PLUMBI PO BOX 531 MT HOLLY, NC 28120	PLUMBING	165,299
MCGEE BROTHERS INC 4608 CARRIKER ROAD MONROE, NC 28110	MASONRY SERVICES	159,834
SHEPHERD'S LANDSCAPE MAINTENANCE LLC PO BOX 681448 CHARLOTTE, NC 28216	LANDSCAPING	144,679
KEVIN RICHARDSON GRADING INC 7920 HAMBRIGHT ROAD HUNTERSVILLE, NC 28078	CLEARING/GRADING SERVICES	121,934
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	57,690			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,111,947			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,442,641			
	g	Noncash contributions included in lines 1a-1f \$ 589,823					
	h	Total. Add lines 1a-1f		3,612,278			
Program Service Revenue			Business Code				
	2a	MORTGAGED HOME SALES	531390	5,766,987	5,766,987		
	b	RE-STORE	442000	3,068,858	3,068,858		
	c	MORTGAGE AMORTIZATION	900099	1,307,256	1,307,256		
	d	REPAIR MINISTRY	442000	255,291	255,291		
	e	OTHER PROG SERVICES	900099	31,696	31,696		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		10,430,088			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		48,599			48,599
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		78,276					
		(ii) Personal					
		0					
	b	Less rental expenses					
	c	Rental income or (loss)		78,276			
	d	Net rental income or (loss)		78,276	78,276		
	7a	(i) Securities					
		955					
		(ii) Other					
		0					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		955			
	d	Net gain or (loss)		955			955
	8a	Gross income from fundraising events (not including \$ 57,690 of contributions reported on line 1c) See Part IV, line 18		56,287			
		a					
		39,420					
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .		16,867			16,867
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances		572,855				
	a						
	234,159						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .		338,696		169,943	168,753	
Miscellaneous Revenue		Business Code					
11a	REIMBURSEMENT FR HFHI	900099	86,466	86,466			
b	MISCELLANEOUS REVENUES	900099	24,748			24,748	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		111,214				
12	Total revenue. See Instructions		14,636,973	10,594,830	169,943	259,922	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	244,482	244,482		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	51,875	51,875		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	183,142	68,375	75,236	39,531
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,056,111	2,658,021	157,833	240,257
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,308	5,252	2,058	998
9	Other employee benefits	476,604	415,976	37,352	23,276
10	Payroll taxes	253,613	215,615	18,135	19,863
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	310,535	224,326	69,497	16,712
12	Advertising and promotion	77,260	77,162		98
13	Office expenses	347,142	248,579	51,332	47,231
14	Information technology	94,787	50,481	37,083	7,223
15	Royalties				
16	Occupancy	266,034	256,635	6,628	2,771
17	Travel	71,244	62,523	5,658	3,063
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	195,253	168,184	27,069	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	86,830	68,522	18,308	
23	Insurance	76,588	61,596	12,305	2,687
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	HOUSE SALES COST	6,149,316	6,149,316		
b	MORTGAGE DISCOUNT AMORT	2,491,972	2,491,972		
c	BAD DEBTS	271,110	82,743		188,367
d	MISCELLANEOUS EXPENSES	21,590	15,694		5,896
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	14,733,796	13,617,329	518,494	597,973
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			6,362	1	900
	2	Savings and temporary cash investments			3,527,206	2	3,137,447
	3	Pledges and grants receivable, net			722,666	3	335,128
	4	Accounts receivable, net			146,758	4	209,052
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			6,325,131	8	5,919,362
	9	Prepaid expenses and deferred charges			116,120	9	123,826
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	4,424,387	3,899,111	10c	3,914,204
	b	Less accumulated depreciation	10b	510,183			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			18,360,968	13	19,883,494
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			735,600	15	167,933
	16	Total assets. Add lines 1 through 15 (must equal line 34)			33,839,922	16	33,691,346
Liabilities	17	Accounts payable and accrued expenses			475,793	17	444,158
	18	Grants payable				18	
	19	Deferred revenue			14,458	19	10,036
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			548,650	21	472,656
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,925,184	23	2,986,658
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,964,085	26	3,913,508
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			26,165,267	27	26,615,728
	28	Temporarily restricted net assets			3,661,360	28	3,116,066
	29	Permanently restricted net assets			49,210	29	46,044
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			29,875,837	33	29,777,838
	34	Total liabilities and net assets/fund balances			33,839,922	34	33,691,346

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,636,973
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,733,796
3	Revenue less expenses Subtract line 2 from line 1	3	-96,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,875,837
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,176
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	29,777,838

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization HABITAT FOR HUMANITY OF CHARLOTTE INC	Employer identification number 56-1366233
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

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 exempt 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).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,266,971	3,795,686	4,246,145	4,195,416	3,612,278	20,116,496
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,266,971	3,795,686	4,246,145	4,195,416	3,612,278	20,116,496
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						204,137
6 Public Support. Subtract line 5 from line 4						19,912,359

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,266,971	3,795,686	4,246,145	4,195,416	3,612,278	20,116,496
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,884	36,081	89,802	93,594	48,599	308,960
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,209,090	320,764	115,721	309,848	24,748	3,980,171
11 Total support (Add lines 7 through 10)						24,405,627

12 Gross receipts from related activities, etc (See instructions)

1243,438,650

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	81.590 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	74.930 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HABITAT FOR HUMANITY OF CHARLOTTE INC	Employer identification number 56-1366233
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?		No		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
	c Media advertisements?		No		
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			2,251
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			2,251	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE ORGANIZATION INCURS LOBBYING EXPENSES FOR A STAFF MEMBER'S TIME TO MEET WITH LOCAL LEGISLATORS AND PARTICIPATE IN ADVISORY COMMITTEE MEETINGS. A STAFF MEMBER ALSO ATTENDS THE ANNUAL "HABITAT ON THE HILL" EVENT WHERE EXECUTIVE DIRECTORS TRAVEL TO WASHINGTON TO LOBBY MEMBERS OF CONGRESS.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
HABITAT FOR HUMANITY OF CHARLOTTE INC

Employer identification number
56-1366233

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

1b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	49,210	42,928	39,995	51,178
1b	Contributions				
1c	Investment earnings or losses	-521	8,275	5,227	-8,608
1d	Grants or scholarships				
1e	Other expenditures for facilities and programs	2,118	1,453	1,906	2,063
1f	Administrative expenses	527	540	388	512
1g	End of year balance	46,044	49,210	42,928	39,995

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

3a(i)

Yes

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,329,034		2,329,034
1b Buildings		1,692,377	240,368	1,452,009
1c Leasehold improvements		23,273	17,887	5,386
1d Equipment		379,703	251,928	127,775
1e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				3,914,204

Schedule D (Form 990) 2011

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	114,636,973
2	Total expenses (Form 990, Part IX, column (A), line 25)	214,733,796
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-96,823
4	Net unrealized gains (losses) on investments	4-1,176
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9-1,176
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-97,999

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	114,955,926
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-1,176	
b	Donated services and use of facilities2b46,550	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d273,579	
e	Add lines 2a through 2d	2e318,953
3	Subtract line 2e from line 1	314,636,973
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	514,636,973

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	115,053,925
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a46,550	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d273,579	
e	Add lines 2a through 2d	2e320,129
3	Subtract line 2e from line 1	314,733,796
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	514,733,796

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE ORGANIZATION COLLECTS AMOUNTS TO HOLD IN ESCROW TO PAY TAXES AND INSURANCE FOR ITS MORTGAGE OBLIGORS. THESE AMOUNTS ARE REPORTED ON FORM 990, PART X, LINE 21.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ACCORDING TO THE GOVERNING AGREEMENT, THE ENDOWMENT FUNDS HELD BY FOUNDATION FOR THE CAROLINAS (THE "FFTC") ARE THE PROPERTY OF FFTC. HOWEVER, AS HABITAT MAY COLLECT ITS DONOR ADVISED ACCOUNT BALANCES ON REQUEST AND IS CONSIDERED TO BE THE BENEFICIARY OF THE ENDOWMENT FUNDS, THESE AMOUNTS ARE SHOWN AS INVESTMENTS ON THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION. THE FUNDS HELD BY FFTC INCLUDE MUTUAL FUNDS, HEDGE FUNDS AND ALTERNATIVE INVESTMENTS. INVESTMENT GAINS AND LOSSES FLOW THROUGH PERMANENTLY RESTRICTED NET ASSETS. THE BOARD OF DIRECTORS OF THE FOUNDATION HAVE ABSOLUTE AUTHORITY AND DISCRETION AS TO THE INVESTMENT AND REINVESTMENT OF THE ASSETS OF THE FUND. THE ORGANIZATION UTILIZES EARNINGS FROM THE FUND TO ASSIST WITH OPERATIONS. THE ENTIRETY OF THE ENDOWMENT FUNDS ARE PERMANENTLY RESTRICTED AND HELD BY THE FFTC. THE ORGANIZATION UTILIZES EARNINGS FROM THE FUND TO ASSIST WITH ITS OPERATIONS TO FURTHER ITS EXEMPT PURPOSE.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	HABITAT IS EXEMPT FROM FEDERAL INCOME TAX AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. HABITAT HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2012. FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2009 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 234,159 SPECIAL EVENT DIRECT EXPENSES 39,420
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 234,159 SPECIAL EVENT DIRECT EXPENSES 39,420

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
HABITAT FOR HUMANITY OF CHARLOTTE INC

Employer identification number
56-1366233

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<u>FOUNDERS AWARD</u> (event type)	<u>MUD VOLLEY- BALL TOURNAMENT</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	52,700	42,272	19,005	113,977
	2	Less Charitable contributions	39,650	18,040		57,690
	3	Gross income (line 1 minus line 2)	13,050	24,232	19,005	56,287
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes . . .		2,000		2,000
	6	Rent/facility costs . .	1,800	150		1,950
	7	Food and beverages . .	13,980	888		14,868
	8	Entertainment		300		300
	9	Other direct expenses .	5,433	12,435	2,434	20,302
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶				(39,420)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				16,867

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs . . .			
	5	Other direct expenses . .			
	6	Volunteer labor	☐ Yes _____ ☐ No	☐ Yes _____ ☐ No	☐ Yes _____ ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HABITAT FOR HUMANITY OF CHARLOTTE INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
56-1366233

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HABITAT FOR HUMANITY INTERNATIONAL INC121 HABITAT STREET AMERICUS,GA 31709	91-1914868	501(C)(3)	244,482		CASH	N/A	ANNUAL TITHE OF \$169,917 AND EL SALVADOR LAND SUPPORT OF \$74,565

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

1

3

Enter total number of other organizations listed in the line 1 table

0

Part IIIGrants and Other Assistance to Individuals in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) HABITAT EL SALVADOR TRIP SCHOLARSHIPS	6	5,050		FMV	
(2) LAND DONATIONS	4		46,825	5 LOTS WERE VALUED AT COST, 3 WERE VALUED USING MECKLENBURG COUNTY TAX VALUE	LAND UNUSABLE TO ORGANIZATION DONATED TO NEIGHBORS

Part IVSupplemental Information.

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 EACH YEAR, HABITAT FOR HUMANITY CHARLOTTE MAKES A TITHING TO HABITAT FOR HUMANITY INTERNATIONAL THE ORGANIZATION DOES NOT PROVIDE GRANTS OR ALLOCATIONS TO UNAFFILIATED ORGANIZATIONS AT THIS TIME EL SALVADOR TRIP SCHOLARSHIPS ARE AWARDED TO EMPLOYEES AND INTERNS OF HABITAT FOR HUMANITY AND AMERICORPS MEMBERS QUALIFICATIONS INCLUDE ONE YEAR OF EMPLOYMENT (WAIVED FOR INTERNS AND AMERICORPS MEMBERS) AND PREFERENCE IS GIVEN TO THOSE WHO HAVE NOT RECEIVED A SCHOLARSHIP IN THE PAST, HAVE BEEN WITH THE ORGANIZATION THE LONGEST, AND THOSE WHO HAVE SPANISH LANGUAGE SKILLS IF THE NUMBER OF QUALIFIED APPLICANTS EXCEEDS THE AMOUNT OF SCHOLARSHIP FUNDS AVAILABLE, THE SELECTION COMMITTEE IS APPOINTED AND INCLUDES THE EXECUTIVE DIRECTOR, THE ASSOCIATE DIRECTOR, THE DIRECTOR OF STORES, AND THE EL SALVADOR COORDINATOR

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HABITAT FOR HUMANITY OF CHARLOTTE INC

Employer identification number
56-1366233

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	14	241,800	TAX APPRAISAL VALUE
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
BLDG				
25 Other ► (MATERIALS)	X	35	342,429	FAIR MARKET VALUE
TOOLS &				
26 Other ► (FURNITURE)	X	3	5,594	FAIR MARKET VALUE
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

No

No

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
HABITAT FOR HUMANITY OF CHARLOTTE INC**Employer identification number**

56-1366233

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT, THE VICE PRESIDENTS, THE SECRETARY, THE ASSISTANT SECRETARY (IF ANY), THE TREASURER, THE ASSISTANT TREASURER (IF ANY), THE CHAIR OF THE DEVELOPMENT COMMITTEE, THE CHAIR OF THE FAMILY SERVICES COMMITTEE, THE CHAIR OF THE REAL ESTATE COMMITTEE, THE CHAIR OF THE PERSONNEL COMMITTEE, THE CHAIR OF THE INFRASTRUCTURE COMMITTEE, AND THE EXECUTIVE DIRECTOR (NON-VOTING) THE PRESIDENT SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE IS ACCOUNTABLE TO THE BOARD OF DIRECTORS AND SHALL HAVE AND MAY EXERCISE ALL THE POWERS OF THE BOARD IN BETWEEN BOARD MEETINGS, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO ADOPT THE BUDGET OR TO TAKE ANY ACTION WHICH IS CONTRARY TO, OR A SUBSTANTIAL DEPARTURE FROM, THE DIRECTION ESTABLISHED BY THE BOARD, OR WHICH REPRESENTS A MAJOR CHANGE IN THE AFFAIRS, BUSINESS, OR POLICY OF THE CORPORATION BUSINESS SHALL BE TRANSACTED BY A MAJORITY VOTE OF THE MEMBERS OF THE EXECUTIVE COMMITTEE PRESENT OR REPRESENTED BY PROXY THE EXECUTIVE COMMITTEE SHALL SUBMIT TO THE BOARD OF DIRECTORS AT THE NEXT BOARD MEETING A REPORT ON ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE SINCE THE LAST BOARD MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	SIGNIFICANT CHANGES TO THE BYLAWS INCLUDE 1 AT LEAST FOUR BOARD MEMBERS WILL ROATATE OFF THE BOARD EACH YEAR THE PRIOR VERSION OF THE BYLAWS STATED THAT AT LEAST FIVE WOULD ROTATE OFF EACH YEAR 2 OFFICERS AND DIRECTORS ARE NOW REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY 3 REMOVAL WITHOUT CAUSE OF A BOARD MEMBER NOW REQUIRES A VOTE OF TWO-THIRDS OF THE DIRECTORS THEN IN OFFICE 4 THE EXECUTIVE COMMITTEE HAS BEEN EXPANDED TO INCLUDE THE ASSISTANT SECRETARY (IF ANY), CHAIR OF THE PERSONNEL COMMITTEE, AND CHAIR OF THE INFRASTRUCTURE COMMITTEE 5 THE INFRASTRUCTURE COMMITTEE WAS ADDED AS A NEW STANDING COMMITTEE THIS COMMITTEE WILL WORK WITH THE ORGANIZATION'S STAFF AND CONSULTANTS, AS APPROPRIATE, TO IDENTIFY AND EVALUATE OPPORTUNITIES FOR EFFICIENCIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. MANAGEMENT PRESENTED THE PREPARED FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR FIRST-LEVEL APPROVAL. FOLLOWING THAT, THE 990 WAS E-MAILED TO ALL BOARD MEMBERS, WHO WERE GIVEN A WEEK FOR REVIEW, DISCUSSION, AND COMMENT PRIOR TO THE FORM BEING ELECTRONICALLY FILED WITH THE IRS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY IN ADDITION, ANY TIME THROUGHOUT THE YEAR THAT A BOARD MEMBER OFFERS OR BIDS TO PERFORM WORK FOR THE ORGANIZATION, HE OR SHE IS INFORMED THAT THE WORK MUST BE DONE PRO BONO OR AT COST, WITH ADEQUATE DOCUMENTATION, TO PREVENT THE INDIVIDUAL FROM PROFITING FROM THE ENGAGEMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	EVERY THREE YEARS (OR MORE FREQUENTLY IF NECESSARY), THE COMPENSATION FOR EACH HABITAT CHARLOTTE POSITION AND EMPLOYEE WILL BE REVIEWED BY THE BOARD OF DIRECTORS AND/OR PERSONNEL COMMITTEE. THE COMPENSATION REVIEW IS BASED ON A VARIETY OF FACTORS, INCLUDING, BUT NOT LIMITED TO, THE EDUCATION, EXPERIENCE, QUALIFICATIONS AND PRIOR PERFORMANCE OF THE EMPLOYEE, THE EXPERTISE REQUIRED FOR THE POSITION, THE COMPENSATION PAID TO SIMILARLY-QUALIFIED PERSONS IN FUNCTIONALLY-COMPARABLE POSITIONS, AND THE COMPENSATION OFFERED BY ORGANIZATIONS SIMILAR TO HABITAT CHARLOTTE. COMPARABLE SALARY INFORMATION IS OBTAINED FROM COMPENSATION STUDIES CONDUCTED BY EMPLOYER AND HUMAN RESOURCES ORGANIZATIONS AS WELL AS OTHER LARGE HABITAT FOR HUMANITY AFFILIATES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY POSTING ON ITS WEBSITE, AS WELL AS ALLOWING POSTING ON OTHER WEBSITES SUCH AS GUIDESTAR ORG AND CHARITYNAVIGATOR ORG. PHOTOCOPIES OF RECENT FILINGS OF THE FORM 990 AND 990-T ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW.HABITATCHARLOTTE.ORG

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,176

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 56-1366233
Name: HABITAT FOR HUMANITY OF CHARLOTTE INC

Form 990, Special Condition Description:

Special Condition Description
