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DLN: 93493305008123

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)

OMB No 1545-0047

Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable HABITAT FOR HUMANITY OF CHARLOTTE INC Address change 56-1366233 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (704) 376-2054 City or town, state or country, and ZIP + 4 CHARLOTTE, NC 28222 Amended return Application pending **G** Gross receipts \$ 13,408,892 Name and address of principal officer Is this a group return for FRANK SPENCER affiliates? ┌ Yes 🗸 No PO BOX 220287 CHARLOTTE, NC 28222 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **H(c)** Group exemption number ► Website: ► WWW HABITATCHARLOTTE ORG L Year of formation 1983 M State of legal domicile NC Part I Summary Briefly describe the organization's mission or most significant activities TO ENCOURAGE, PROMOTE, AND ASSIST IN THE BUILDING AND REDEVELOPMENT OF LOW-INCOME HOUSING Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 125 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 5,128 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 179,044 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 3,612,278 3.577.956 10,430,088 9,049,417 Program service revenue (Part VIII, line 2g) . . . 49,554 49,193 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 545,053 475,201 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 14,636,973 13,151,767 13 296,357 228,976 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 3,977,778 **Expenses** 3,988,716 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 467,774$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,459,661 8,478,517 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 14,733,796 12,696,209 18 455,558 19 Revenue less expenses Subtract line 18 from line 12 . -96,823 (Assets or id Balances **Beginning of Current End of Year** 33,691,346 33,380,982 20 Total assets (Part X, line 16) . . . Total liabilities (Part X, line 26) . . . 3,086,418 21 3,913,508 30,294,564 22 Net assets or fund balances Subtract line 21 from line 20 29,777,838 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 | h ***** 1 2013-11-01

	B				2013 11 01					
Sign	Sıç	gnature of officer		Date						
Here	_	RANK SPENCER CEO pe or print name and title								
Paid		Print/Type preparer's name AMY BIBBY	Preparer's signature	Date	Check If self-employed	PTIN P00445891				
Preparei	r	Firm's name	OODMAN LLP		Firm's EIN ► 56-0747981					
Use Only		Firm's address ► 500 RIDGEFIELD C		Phone no (828) 254-2254					
May the IRS	disc		er shown above? (see instruction	ons)						

Par	t III		Program Service O contains a respon			II			ন
1	Brief	ly describe the orga	ınızatıon's mıssıon						
		O PUT GOD'S LOV DMMUNITIES AND	/E INTO ACTION, H. HOPE	ABITAT FO	OR HUMANITY OF C	HARLOTTE B	RINGS PEOPLE T	OGETHER TO	BUILD
2	the p	rıor Form 990 or 99	ertake any significant 0-EZ? new services on Sche						No No
3	Dıd tl servi	ne organization ceas	se conducting, or mak	ke significa • • •				. Tyes F	√ No
4	Desc expe	ribe the organization nses Section 501(c	changes on Schedule n's program service a c)(3) and 501(c)(4) o revenue, if any, for eac	ccomplishi rganization	s are required to rep				
4a	IN NO COM CHARD PURCHARD 1983 LEND SUFF AFFO OUTL CONI AFFII CHARD	ARCH 2013, HABITAT FO DRTH AMERICA THE AW MUNITY DEVELOPMENT, LLOTTE BRINGS PEOPLE CHASE AND REHAB OF V/ IN ADDITION TO THESI ER IN THE YEARS FOLLO ERED FORECLOSURE OV RDABLE HOMEOWNERSI CONTRIBUTE APPROXIN TINUE TO PROVIDE A VII ETS, THE RESTORE'S MI DITION VOLUNTEERS AT LATES PROFITS GENER. ELOTTE CONTINUED ITS EDS \$3 MILLION THROL TAT CHARLOTTE'S SUPPO) (Expenses \$ OR HUMANITY INTERNATION ARD RECOGNIZES EXCELL ADVOCACY, COMMUNICATOGETHER TO BUILD HOW ACANT FORECLOSED HOM DO A RECORD-SETTING 102 ENEWCOMERS TO THE HADWING THE PURCHASE OF JUME OF THE LAST TWO YEARS HIP TO FAMILIES WHO EAR MATELY 96,000 HOURS VAITAL AND SUSTAINABLE REVETAL RECYCLING CENTER THIS FACILITY SORT THE ATED FROM RETAIL AND RELONG-STANDING RELATION CORT HABBITAT CHARLOTTE THER HABITAT AFFILIATE INTERNATION CORT HABITAT AFFILIATE ARCH HABITAT ARCH HABITAT A	DNAL NAMED I LENCE IN ALL LITIONS, AND MES, COMMUN ES, AND THE ABITAT CHARI THEIR HOME IS, 8,300 DIFFI RN BETWEEN LUED AT OVE VENUE STREA PROCESSES METALS WHI RECYCLING ON DISTHIP WITH FO THE EL SAL E HAS PROVID	ASPECTS OF OPERATION GLOBAL ENGAGEMENT SEINITIES AND HOPE THE AFREPAIR OF EXISTING OWES, BRINGING THE CUMULOTTE FAMILY, THE AFFILES OF THE 1,105 MORTGERENT VOLUNTEERS HAVE 30-60% OF AREA MEDIAN FOR THE HOUSING MINUSED APPLIANCES AND OUT OF AREA TO TO PERATIONS LAST YEAR WITS SISTER AFFILIATE IN VADOR PARTNERSHIP, A DED MORE INTERNATIONA	AFFILIATE OF DIS GOVERNANCE, F EKING TO PUT GO FILIATE'S HOUSIN NER-OCCUPIED H LATIVE TOTAL NUI IATE CONTINUES AGES ISSUED, 24° E WORKED WITH I N INCOME MANY HABITAT CHARLOT NISTRY IN ADDIT! THER METAL ITEM RECYCLERS GRO ERE SUFFICIENT EL SALVADOR CL TOTAL OF 1,142 F	INANCE, SUSTAINABL D'S LOVE INTO ACTION G PROGRAMS INCLIUD G PROGRAMS INCLIUD OMES DURING THE 2 MBER OF CHARLOTTE TO SERVE HUNDREDS HAVE ALREADY PAID HABITAT CHARLOTTE IN THESE VOLUNTEES TOF THESE VOLUNTEES ON TO DONATED GOOD S THAT ARE DONATED SS SALES AND GROSS TO FUND 15 NEW HABE MULATIVE SUPPORT I AMILIES HAVE BEEN S	E CONSTRUCTION, N, HABITAT FOR HL DE NEW HOME CON 1012-2013 FISCAL \ FAMILIES TO 1,245 OF FAMILIES AS A D IN FULL AND ONL' IN ITS MISSION TO SS WORK MULTIPLE AND JULIA'S CAFE DOS SOLD AT THE R D BUT ARE NOT IN I PROFIT LEAD ALL U INTAT HOMES HABIT TO HABITAT EL SALV ERVED AS A DIREC	JMANITY OF STRUCTION, YEAR, SINCE MORTGAGE Y 4 3% HAVE PROVIDE SHIFTS & BOOKS LETAIL RESALE J S 'AT /ADOR TRESULT OF
4b	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)	
	-								
4c	(Cod	e) (Expenses \$		including grants of \$) (Revenue \$)	
	-								
4d		er program services enses \$	(Describe in Schedu includi	le O) ng grants o	of\$) (Reven	ue \$)	
		l program service e		1 631 449	·		•	•	

Part TV	Checklist of	Required	Schedules
	CHECKIISLOI	reuun eu	SCHEUUICS

			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^{22}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	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 for escrow or custodial account liability, 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^{\square}	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			
а	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	
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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 and XII	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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

GI I	Statements Regarding Other IRS Filings and Tax Compliance			г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 55		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	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	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
ı	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, securities account, or other financial account)?	4a		N
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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 as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a 23			
	year			
	body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	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?	2		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? .	3		No
4		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		110
/u	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
Se		eveni	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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. Other (explain in Schedule O)
- **9** 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 during the tax year
- 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 (704)716-7043

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

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 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 organization compensated any current officer, director, or trustee

(A)	(B)	I		(6				(D)	(F)	(E)
(A) Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) SCOTT BENGEL	1 00	х		х				0	0	0
CHAIR				^				Ŭ	,	
(2) JIM HALLMARK VICE PRESIDENT	1 00	x		x				0	0	0
(3) CYRUS M JOHNSON JR	1 00									
SECRETARY		х		Х				0	0	0
(4) CHARLIE GREER	1 00	х		х				0	0	0
TREASURER (5) WILL BARNHARDT	1.00									
	1 00	x						0	0	0
BOARD MEMBER										
(6) JOHN BAXTER BOARD MEMBER	1 00	x						0	0	0
(7) JIM EARLY	1 00	х						0	0	0
BOARD MEMBER										
(8) ADITYA BHASIN	1 00	x						0	0	0
BOARD MEMBER (9) OTIS CROWDER	1.00									
	1 00	x						0	0	0
BOARD MEMBER										
(10) BORIS HENDERSON	1 00	x						0	0	0
BOARD MEMBER										
(11) LUCIA Z GRIFFITH	1 00	l x						0	0	0
BOARD MEMBER										
(12) JOANNA GAMMON	1 00	l x						0	0	0
BOARD MEMBER										
(13) TREVOR JOHNSTON	1 00	x						0	0	0
BOARD MEMBER								Ů		
(14) LYNN LYONS	1 00	×						0	0	0
BOARD MEMBER									0	0
(15) HUGH MCCOLL	1 00	х						0	0	0
BOARD MEMBER	<u></u>				L				0	0
(16) LUCY S MCDERMOTT	1 00	×						0	0	0
BOARD MEMBER								ŭ		
(17) BRIAN NATWICK	1 00	x						0	0	0
BOARD MEMBER		_ ^								
										Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensatio from the organization	n compens from rela organizat	(E) Reportable compensation from related organizations (W- 2/1099-		ated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099 MISC)	- (W- Z/IC		organiz and re organiz	lated
	DAVID SHARP	1 00	×							0	0		0
	D MEMBER EANA SHEENAN	1 00											
. ,	D MEMBER	1 00	x							0	0		0
	OSE SIMON	1 00											
BOAR	O MEMBER		X							0	0		0
(21)	CATHY SACHS	1 00	х							0	0		0
	D MEMBER		_ ^										
(22)	ENNIFER TREVISOL	1 00	x							0	0	ı	0
	O MEMBER WINSTON SHARPE	1 00	-			<u> </u>							
` '	D MEMBER	1 00	x							0	0	ı	0
	FRANK SPENCER	40 00											
PRESI	DENT & CEO				×				69,8	319	0	ı	836
(25) I	BERT GREEN	40 00			х				73,	583	0		6,669
DIREC	CTOR OF STRATEGIC INITIATIVES				L^				73,	,03			
							<u> </u> ►				1		
1b c	Sub-Total	VII Section A		•	•		-						
d					•		-		143,402		0		7,505
2	Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those		ed al	bove	e) who	rec	eived more tha	n			
												Yes	No
3	Did the organization list any former offi on line 1a? <i>If</i> "Yes," complete Schedule 3			e, ke	y em	nplo •	yee, o •	r hig	ghest compens	ated employed	e 3		No
4	For any individual listed on line 1a, is to organization and related organizations and individual												N.o.
5	Did any person listed on line 1a receive	or accrile com	nensat	- Ion f	rom	anv	- Unrel	atec	d organization o	r individual fo	r 4		No
,	services rendered to the organization?										5		No
Se	ction B. Independent Contracto	ors											
1	Complete this table for your five highes compensation from the organization Re											tay vear	
		(A) business address			- 410		,	3.10		(B)		(C Comper)

(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	304,759
THOMAS P OWENS DBA CHRISTIAN PLUMBI , PO BOX 531 MT HOLLY NC 28120	PLUMBING	185,586
SHEPHERD'S LANDSCAPE MAINTENANCE LLC PO BOX 681448 CHARLOTTE NC 28216	LANDSCAPING	170,250
MCGEE BROTHERS INC 4608 CARRIKER ROAD MONROE NC 28110	MASONRY SERVICES	150,262
KEVIN RICHARDSON GRADING INC 7920 HAMBRIGHT ROAD HUNTERSVILLE NC 28078	CLEARING/GRADING SERVICES	122,645
Total number of order orders because the second order of the second order or	V	

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 V		Statement of Revenue Check if Schedule O contains a respon	nse to any question	ın thıs Part VIII	<u> </u>	<u></u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
tributions, Gifts, Grants Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
, G Am	С	Fundraising events 1c	96,940				
Giffs, nilar Aı	d	Related organizations 1d					
imi	е	Government grants (contributions) 1e	854,513				
Contributions, and Other Sim	f	All other contributions, gifts, grants, and similar amounts not included above	2,626,503				
ibu Sth	g	Noncash contributions included in lines	686,545				
Cont and (h	1a-1f \$ Total. Add lines 1a-1f		3,577,956			
C			Business Code	, ,			
nue	2a	MORTGAGED HOME SALES	531390	4,133,451	4,133,451		
ie vei	ь	RE-STORE	442000	3,328,411	3,328,411		
Эe Н	С	MORTGAGE AMORTIZATION	900099	1,376,708	1,376,708		
er vi (d	REPAIR MINISTRY	442000	140,610	140,610		
S.	е	OTHER PROG SERVICES	900099	70,237	70,237		
Program Serwce Revenue	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f		9,049,417			
	3	Investment income (including dividen		48,055			48,055
	4	and other similar amounts) Income from investment of tax-exempt bond	F	,			,
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	6a	Gross rents 87,294					
	b	Less rental 0 expenses					
	С	Rental income 87,294 or (loss)					
	d	Net rental income or (loss)		87,294	87,294		
	7a	Gross amount from sales of assets other	(II) Other 1,138				
	b	than inventory Less cost or other basis and sales expenses	0				
	С	Gain or (loss)	1,138				
	d	Net gain or (loss)		1,138			1,138
Other Revenue	8a	Gross income from fundraising events (not including \$ 96,940 of contributions reported on line 1c) See Part IV, line 18					
Jer	ь	Less direct expenses b	48,335				
₹	С	Net income or (loss) from fundraising	42,361 events p -	5,974			5,974
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .	493,678				
	ь	Less cost of goods sold b	214,764				
		Net income or (loss) from sales of inve		278,914		179,044	99,870
		Miscellaneous Revenue	Business Code				
	11a	BAD DEBT REIMBURSEMENT	900099	46,286			46,286
	Ь	REIMBURSEMENT FR HFHI	900099	38,683	38,683		
	C C	MISCELLANEOUS REVENUES	900099	18,050			18,050
	d e	All other revenue Total. Add lines 11a-11d	🕨				
	12		-	103,019			
		. Star revenuer See Tristructions .	· · · · •	13,151,767	9,175,394	179,044	219,373

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All		•	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 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	220,226	220,226		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	8,750	8,750		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	8,730	6,730		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	150,907	55,417	56,124	39,366
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	3,125,374	2,647,232	229,582	248,560
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,677	17,045	4,086	2,546
9	Other employee benefits	433,054	365,140	35,498	32,416
10	Payroll taxes	255,704	211,166	22,259	22,279
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	46,135		46,135	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	254,629	192,753	15,125	46,751
12	Advertising and promotion	90,447	89,493	13,123	954
 13	Office expenses	578,206	479,539	60,876	37,791
14	Information technology	95,728	48,892	36,633	10,203
15	Royalties	33,720	10,032	30,033	10,203
16	Occupancy	288,506	281,103	4,772	2,631
17	Travel	119,053	98,136	17,395	3,522
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	113,033	30,130	11,333	3,322
19	Conferences, conventions, and meetings				
20	Interest	125,076	89,971	35,105	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	96,964	78,609	18,355	
23	Insurance	88,871	70,496	15,041	3,334
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	HOUSE SALES COST	4,765,849	4,765,849		
b	MORTGAGE DISCOUNT AMORT	1,845,091	1,845,091		
C	FAMILY SUPPORT EXPENSE	55,672	55,672		
d	MISCELLANEOUS EXPENSES	28,290	10,869		17,421
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,696,209	11,631,449	596,986	467,774
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response to any question in this	Part)	<			
			-		(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			900		1,400
	2	Savings and temporary cash investments			3,137,447	2	1,879,563
	3	Pledges and grants receivable, net			335,128	3	283,860
	4	Accounts receivable, net			209,052	4	292,557
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II o	f		5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and $6000000000000000000000000000000000000$	ontrib nploye	utıng employers		6	
% %	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use			5,919,362		6,100,331
	9	Prepaid expenses and deferred charges			123,826	9	117,222
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		4,563,272	,		111,222
	ь	Less accumulated depreciation	10b	579,535	3,914,204	10c	3,983,737
	11	Investments—publicly traded securities		•	5,611,251	11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			19,883,494	13	20,554,903
	14	Intangible assets			10,000,101	14	20,00 1,000
	15	Other assets See Part IV, line 11			167,933	15	167,409
	16	Total assets. Add lines 1 through 15 (must equal line 34).			33,691,346	16	33,380,982
	17	Accounts payable and accrued expenses			444,158	17	505,850
	18	Grants payable			111,100	18	
	19	Deferred revenue	•		10,036	19	53,435
	20	Tax-exempt bond liabilities			10,000	20	
	21	Escrow or custodial account liability Complete Part IV of Sche			472,656	21	550,499
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	ors, tru		472,000	21	
Liabilit		persons Complete Part II of Schedule L				22	
ä	23	Secured mortgages and notes payable to unrelated third partie			2,986,658	23	1,976,634
	24	Unsecured notes and loans payable to unrelated third parties			, ,	24	, ,
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	ed thir	d parties, Schedule		25	
	26	D			3,913,508	26	3,086,418
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ∫			3,313,300	26	3,000,410
Fund Balance	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			26,615,728	27	28,359,886
<u>ଟ</u>	28	Temporarily restricted net assets			3,116,066	28	1,886,100
<u>aa</u>	29	Permanently restricted net assets		•	46,044	29	48,578
Ĭ	29	·			40,044	29	40,576
		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🟲	j and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
d SS	32	Retained earnings, endowment, accumulated income, or other f		-		32	
Net /	33	Total net assets or fund balances			29,777,838	33	30,294,564
Ž	34	Total liabilities and net assets/fund balances			33,691,346	34	33,380,982
	1	. 112. Habilitab and not abbets/rand balances	-	• •	33,301,040		50,000,002

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				Г
	- Check in Schedule S contains a response to any question in this rare XI			•	• • • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,1	151,767
2	Total expenses (must equal Part IX, column (A), line 25)	2			596,209
3	Revenue less expenses Subtract line 2 from line 1	3			155,558
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29,7	777,838
5	Net unrealized gains (losses) on investments	5			4,205
6	Donated services and use of facilities	6			56,963
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		30,2	294,564
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ın			I
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493305008123

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

HABITAT FOR HUMANITY OF CHARLOTTE INC

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.

2012

Open to Public Inspection

									56-1366		
	t I			blic Charity Sta						nstruction	ıs.
The o	rganı	zatıon ıs	not a priva	te foundation becaus	seitis (Forl	lines 1 thro	ough 11, chec	k only one	box)		
1			•	ion of churches, or a				section 170)(b)(1)(A)(i).		
2	Γ	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Sche	dule E)				
3		A hosp	ital or a cod	perative hospital se	rvice organiz	zation desc	cribed in secti	on 170(b)(1)(A)(iii).		
4	Г			h organization opera	ted ın conjun	iction with	a hospital des	scribed in s	ection 170(b)	(1)(A)(iii).	Enter the
5	_			ity, and state erated for the benefi	t of a college	or univer	sity owned or	operated by	v a governmer	tal unit doc	scribed in
,	'			(A)(iv). (Complete P		or univers	sity owned or	operated by	y a governmen	itai uiiit ue:	scribed iii
6	_			local government o	•	tal unit des	cribed in sect	ion 170(h)	(1)(4)(4)		
7	<u>'</u>			at normally receives						from the ae	neral nublic
•	,-			on 170(b)(1)(A)(vi).			з зарроте поп	ra governi	nental unit of	nom the ge	neral public
8	Γ			described in sectio			omplete Part I	I)			
9	Γ	An org	anızatıon th	at normally receives	(1) more th	ian 331/3%	of its support	from conti	rıbutıons, men	nbership fee	es, and gross
		receipt	s from activ	rities related to its e	xempt functı	ons—subje	ect to certain e	exceptions	, and (2) no m	ore than 33	1/3% of
		ıts sup	port from gr	oss investment inco	me and unre	lated busır	ness taxable i	ncome (les	s section 511	tax) from l	ousinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee sectior	1 509(a)(2). (0	Complete P	art III)		
10	Γ	An org	anızatıon or	ganızed and operate	d exclusively	to test fo	r public safety	See secti	on 509(a)(4).		
11	Γ			ganized and operate							
				ly supported organiz ibes the type of supp						ee section	509(a)(3). Check
			Type I							on-function	nally integrated
е	Γ		• •	ox, I certify that the							
		othert	han foundat	on managers and ot							
_			1 509(a)(2)			6	DC +b-+ .+	T I T.	II T		
f			rganization this box	received a written d	etermination	from the 1	KS that it is a	Type I, Ty	pe II, or Type	e III Suppoi	rting organization,
g				2006, has the organ	ızatıon accep	oted any gi	ft or contribut	ion from ar	ny of the		•
			ng persons?								
				rectly or indirectly o	•		_	n persons d	lescribed in (ii		Yes No
				governing body of th		_	on?				lg(i)
		• •	•	er of a person descr							g(ii)
				lled entity of a perso						11	g(iii)
h		Provide	e the followi	ng information about	tne support	ed organiza	ation(s)				
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of
	uppoi			organization	organizati		the organ		organiza		monetary
or	ganiz	ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) suppo		col (i) org		support
				or IRC section	docume	_	зарро	10.	III the c	, , ,	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
Total			İ	i	İ	İ		1	1		

Part II

Support Schedule for Organizations Described in Sections 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.)

Se	ection A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,795,686	4,246,145	4,195,416	3,612,278	3,577,	.956 19,427,481
_	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	3,795,686	4,246,145	4,195,416	3,612,278	3,577,	,956 19,427,481
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)						279,896
6	Public support. Subtract line 5 from line 4						19,147,585
	ection B. Total Support	Т			T		
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	3,795,686	4,246,145	4,195,416	3,612,278	3,577,	956 19,427,481
8	Gross income from interest,	, ,	, ,	, ,	, ,		
_	dividends, payments received on securities loans, rents, royalties and income from similar	36,081	89,802	93,594	48,599	48,	055 316,131
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	320,764	115,721	309,848	24,748	103,	019 874,100
11	Total support (Add lines 7 through 10)						20,617,712
12	Gross receipts from related activities	es, etc (see insti	ructions)			12	46,993,537
13	First five years. If the Form 990 is this box and stop here		<u> </u>			· · · · · ·	ganization, check
	ection C. Computation of Pub			11 /5		1 1	
14	Public support percentage for 2012			11, column (f))		14	92 870 %
15	Public support percentage for 2011	•	•			15	81 590 %
16a	33 1/3% support test—2012. If the	•		•	ne 14 is 33 1/3%	or more, che	ck this box ►√
	and stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organization 10%-facts-and-circumstances test-	organization did r n qualifies as a pu	not check a box o iblicly supported	n line 13 or 16a, i organization			e, check this
	is 10% or more, and if the organization Part IV how the organization mee organization	tion meets the "fa ets the "facts-and	acts-and-circums I-circumstances"	tances" test, che test The organız	ck this box and s ation qualifies as	stop here. Exp s a publicly si	plain upported >
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organization	iization meets the	e "facts-and-circi	ımstances" test,	check this box a	nd stop here.	ıblıcly
18	supported organization Private foundation. If the organizationstructions	on did not check	a box on line 13,	16a, 16b, 17a, c	r 17b, check this	s box and see	►□ •□

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493305008123

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** HABITAT FOR HUMANITY OF CHARLOTTE INC 56-1366233 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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

For	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)		
activ		Yes	No	4	A moui	nt
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		•			
а	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			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				2,421
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?		No			
j	Total Add lines 1c through 1i					2,421
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?					
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or s	ectio	n
					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 carry over lobbying and political expenditures from the prior year?			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Iine 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				

Taxable amount of lobbying and political expenditures (see instructions)Part IV Supplemental Information

political expenditure next year?

c Total

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		THIS YEAR TWO STAFF MEMBERS ATTENDED THE ANNUAL "HABITAT ON THE HILL" EVENT WHERE EXECUTIVE DIRECTORS TRAVEL TO WASHINGTON TO LOBBY MEMBERS OF CONGRESS

2c

3

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493305008123

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

CITIC	F Attacil to For	in 990. F See Separate instructions.		Inspection
	me of the organization BITAT FOR HUMANITY OF CHARLOTTE INC		Emp	oloyer identification number
			56-	1366233
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	-	nor adv	rsed Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef			er purpose
	conferring impermissible private benefit?			☐ Yes ☐ No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" t	to Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education) Preservation of ar Preservation of a	certifie	rically important land area d historic structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forr	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferi	red, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►			
ŀ	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
aı	1t IIII Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	.16 (ASC 958), not to report in its reve	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(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, histor following amounts required to be reported under SFAS			'
а	Revenues included in Form 990, Part VIII, line 1			▶ -\$

b Assets included in Form 990, Part X

2 3	Using the erganization's acquisition access									ontinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other recor	as, cr	теск	•	_		_	OFICS	
а	Public exhibition		d	Γ	Loan o	r exchange prog	rams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and expla	ıın hov	w the	y further	the organization	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit of								-	┌ No
Dar	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrange								Yes	NO
	Part IV, line 9, or reported an am						u i		,,,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	forc	ontributi	ons or other ass	sets		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able	-		<u></u>		
						-		An	nount	
с	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	e 21?	1					✓ Yes	Г No —
ь	If "Yes," explain the arrangement in Part XII									
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current year							(=)Faur	ba alı
1a	Beginning of year balance	(a)Current year 46,044	(D)Prior	49,210	(c) Two years back 42,92	+	39,995	(e)rour y	/ears back 51,178
b	Contributions	,				<u> </u>	+	,		
c	Net investment earnings, gains, and losses						+			
		5,316			-521	8,27	5	5,227		-8,608
d	Grants or scholarships						+			
е	Other expenditures for facilities and programs	2,160			2,118	1,45	3	1,906		2,063
f	Administrative expenses	622			527	54	0	388		512
g	End of year balance	48,578			46,044	49,21	0	42,928		39,995
2	Provide the estimated percentage of the curr	ent year end balan	ce (lın	ne 1 g	, column	(a)) held as				
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment ► 100 000 %									
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%								
3a	Are there endowment funds not in the posses	sion of the organiz	ation	that	are held	and administere	d for	the		
	organization by							200	Yes	No
	(i) unrelated organizations (ii) related organizations			•			•	3a(No
ь	If "Yes" to 3a(II), are the related organization						٠.	31	<u></u>	1
4	Describe in Part XIII the intended uses of th							L	'	
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa	art X	, line 10).				
	Description of property) Cost or o is (investn			(c) Accumulated depreciation	(d) B	ook value
1a	Land					2,329	9,034			2,329,034
b	Buildings					1,75!	5,569	292,24	14	1,463,325
c	Leasehold improvements					40),790	15,59	92	25,198
d	Equipment					194	1,023	143,45	54	50,569
							3,856	128,24	15	115,611
Tota	I. Add lines 1a through 1e (Column (d) must e									3,983,737

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	<u>2</u> .
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives	+	<u> </u>
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990 Part X line	13
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) NON-INTEREST BEARING MORTGAGE LOAN		
RECEIVABLE FROM LOW-INCOME PERSONS	20,554,903	С
	. ,	
Total (Column (h) must organ Form 000, Part V, col (R) Inc. 12.)	20 554 002	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	/	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
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Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. Otion	(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. Stion .)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. Stion .)	(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	ne 15. Stion .)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. Stion .)	(b) Book value

			r age i
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	13,394,041
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	318,293
3	Subtract line 2e from line 1	3	13,075,748
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	76,019
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	13,151,767
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	12,877,315
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	257,125
3	Subtract line 2e from line 1	3	12,620,190
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	76,019
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	12,696,209
Dar	XIII Supplemental Information		1

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

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, LINE 2	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, 2013 FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2010 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 214,764 SPECIAL EVENT DIRECT EXPENSES 42,361
PART XI, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT REIMBURSEMENT 46,286 IMPUTED INTEREST 29,733
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 214,764 SPECIAL EVENT DIRECT EXPENSES 42,361 SUPPORT TO HABITAT INTERNATIONAL
PART XII, LINE 4B - OTHER ADJUSTMENTS		BAD DEBT REIMBURSEMENT 46,286 IMPUTED INTEREST 29,733

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HABITAT FOR HUMANITY OF CHARLOTTE INC

DLN: 93493305008123

OMB No 1545-0047

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

56-1366233

Pa	rt I Fundraising Act	civities. Complete	e if the org	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
a b c d 2a	Indicate whether the organ Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas	citations s a written or oral agre Form 990, Part VII) t paid individuals or	ement with) or entity ii entities (fu	e f g any indi	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	-government grants ernment grants g events rs, directors, trustees undraising services?	Fyes FN o
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
			+				
	- <u></u>						
			1				
Tota	al			.			
3	List all states in which the licensing	organization is regis	tered or lıc	ensed to	solicit funds or has be	en notified it is exempt	from registration or

_		G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Components with gross receipts gi	nising event contribution			
		<u> </u>	(a) Event #1 FOUNDERS AWARD (event type)	(b) Event #2 STEAKS AND STILETTOS DINNER (event type)	(c) O ther events 1 (total number)	(d) Total events (add col (a) through col (c))
Ę	1	Gross receipts	74,545	41,139	29,591	145,275
Revenue	2	Less Contributions	61,345	21,515	14,080	96,940
<u>~</u>	3	Gross income (line 1 minus line 2)	13,200	19,624	15,511	48,335
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	1,800	2,740	500	5,040
ă	7	Food and beverages .	12,420	9,820	1,465	23,705
Direct	8	Entertainment			300	300
ā	9	Other direct expenses .	2,454	1,955	8,907	13,316
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(42,361)
	11	Net income summary Combine lin	ne 3, column (d), and line	10	$(x_1, x_2, x_3, x_4, \dots, x_m) \blacktriangleright ($	5,974
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin	ganization answered " le 6a	'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		ψ13/000 0H (0HH 350 LZ) HI	(a) Bingo	(b) Pull tabs/Instant pingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
Çben	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г Nо	│ Yes │ No	│ Yes │ No	
		Direct expense summary Add lines				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	mn (d)	<u> </u>	
9 a b	Ist	ter the state(s) in which the organizathe organization licensed to operate No," explain	gamıng actıvıtıes ın each	of these states?		. 「Yes 「No
		re any of the organization's gaming l Yes," explain				· · 「Yes 「No

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

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

DLN: 93493305008123

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Employer identification number

HABITAT FOR HUMANITY OF						56-1366233	
1 Does the organization ma the selection criteria used 2 Describe in Part IV the organization	d to award the grants	stantiate the amount of th					▽ Yes ┌ N
		Governments and received recipient that received					l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 INC 121 HABITAT STREET AMERICUS, GA 31709	91-1914868 I	501(C)(3)	211,903		CASH	N/A	ANNUAL TITHE
2 Enter total number of sec 3 Enter total number of other							1
				0			

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) HABITAT EL SALVADOR TRIP SCHOLARSHIPS	10	8,750	ı	FMV	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		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

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DLN: 93493305008123

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service 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) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	(d) Method of de noncash contrib	etermining	ınts
1	Art—Works of art			-			
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .						
	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic						
14	structures						
	contribution—Other						
	Real estate—Residential .	Х	5	377,000	TAX APPRAISAL V	ALUE	
	Real estate—Commercial						
	Real estate—Other						
	Collectibles						
	Food inventory						
	Drugs and medical supplies .						
	Taxidermy						
	Scientific specimens						
	Archeological artifacts						
2-7	BLDG						
25	Other ► (MATERIALS)	Х	14	297,928	FAIR MARKET VAL	UE	
	TOOLS &						
	Other►(<u>FURNITURE</u>)	Х	3	11,617	FAIR MARKET VAL	UE	
	Other ►()						
	O ther ▶ ()						
	Number of Forms 8283 received for which the organization comple				29		
	ioi when the organization comple		200, rate 17, Bonde / tellin	, meagement L		Ye	s No
30a	During the year, did the organiza	tion receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it		+
	must hold for at least three year:						
	for exempt purposes for the enti					30a	No
ь	If "Yes," describe the arrangeme						†
31	Does the organization have a gif			eview of any non-standard	contributions?	31	No
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash	22-	NI a
L		- · ·				32a	No_
	If "Yes," describe in Part II If the organization did not report	an amount	ın column (c) for a type of	property for which column (a) is checked,		
	describe in Part II aperwork Reduction Act Notice, see	+ha T	ione for Earn 000	Cat No 51227J	Schedule M	/Eo 222	\ (2012)

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493305008123

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.

2012

Open to Public Inspection

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

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, THE VICE CHAIRS, THE SECRETARY, THE TREASURER, THE CHAIR OF THE DEVELOPMENT COMMITTEE, THE CHAIR OF THE FAMILY SERVICES COMMITTEE, THE CHAIR OF THE PERSONNEL COMMITTEE, THE CHAIR OF THE NOMINATING COMMITTEE, THE CHAIR OF THE FINANCE COMMITTEE, CHAIR OF THE AUDIT COMMITTEE, AND THE PRESIDENT 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 FOR SPECIFICALLY NAMED POWERS LISTED IN THE ORGANIZATION'S BYLAWS MEETING OF THE EXECUTIVE COMMITTEE SHALL BE HELD AT SUCH TIME AND PLACE AS MAY BE DETERMINED BY THE PRESIDENT A MAJORITY OF THE DIRECTORS SHALL BE PRESENT IN PERSON, LINKED BY TELECOMMUNICATION, OR BY PROXY TO CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS MEETINGS OF THE EXECUTIVE COMMITTEE MAY ALSO BE CONDUCTED BY CONFERENCE CALL, VIDEO CONFERENCE, ELECTRONIC MAIL OR ANY OTHER MEANS OF COMMUNICATION OFFERED BY THE BOARD, FROM TIME TO TIME, AS ESTABLISHED BY 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 PRESENT OR REPRESENTED BY PROXY THE EXECUTIVE COMMITTEE SHALL SUBMIT TO THE BOARD OF DIRECTORS AT THE NEXT BOARD MEETING

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED ITS BY LAWS TO REFLECT THE FOLLOWING CHANGES TO ITS GOVERNING POLICIES - BOARD MEMBERS ARE NOW DIVIDED INTO THREE CLASSES, STAGGERED TO FACILITATE CONSISTENT ELECTION CYCLES THERE IS NO SUBSTANTIAL DIFFERENCE IN VOTING POWER OF THE THREE CLASSES - POSITIONS FORMERLY KNOWN AS "PRESIDENT(S)" ARE RECLASSIFIED AS "CHAIR(S)" A NEW POSITION OF "EMPLOYEE PRESIDENT" WAS CREATED - THE POSITION OF EXECUTIVE DIRECTOR WAS REPLACED WITH THE POSITION OF PRESIDENT/CHIEF EXECUTIVE OFFICER FORMER DUTIES OF THE EXECUTIVE DIRECTOR REMAIN CONSISTENT WITH THE DUTIES OF THE PRESIDENT/CEO	

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 CHARITY NAVIGATOR 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

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