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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

Open to Public Inspection

			endar year, or tax year beginn C Name of organization	ning 07-01-2013 , 2013, and ending 06-	30-2014			
		pplicable	HABITAT FOR HUMANITY OF CHA	ARLOTTE INC		D Emplo	yer ide	ntification number
Add	ress ch	nange	Doing Business As			56-13	36623	3
☐ Nar	ne chai	nge	Doing business As					
┌ Inıt	ıal retui	m	Number and street (or P.O. box	If mail is not delivered to street address) Room/s	suite			-h
☐ Ten	mınated	d	PO BOX 220287			E Teleph	one num	iber
Am	ended i	return	City or town, state or province, o	country, and ZIP or foreign postal code		(704)	376-2	2054
_			CHARLOTTE, NC 28222	country, and En or foreign postar code				
ј Арр	lication	n pending				G Gross	receipts	\$ 14,068,012
			F Name and address of p LAURA BELCHER	principal officer	H(a)	Is this a group		
			PO BOX 220287			subordinates?		Γ Yes Γ No
			CHARLOTTE, NC 28222	2	Н(Ь)	Are all subord	ınates	┌ Yes ┌ No
					4	ıncluded?		
I Tax	r-exem	npt status	✓ 501(c)(3) / 501(c)()	◀ (insert no)		If "No," attach	n a list	(see instructions)
J W	ebsite	e:► WW	/W HABITATCHARLOTTE OF	RG	H(c)	Group exemp	tion nui	mber ►
K Forn	n of ord	ganızatıon	Corporation Trust Associa	ation Other ►	L Yea	ar of formation 19	983 M	State of legal domicile NC
Pa	rt I	Sum	mary					
		Briefly d	escribe the organization's mis	ssion or most significant activities				
		•	-	SSIST IN THE BUILDING AND REDEV	ELOPME	NT OF LOW-II	ИСОМ Е	E HOUSING
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alic	-							
Ē	2 (Chaalat	ne hay bo if the avenuention	discontinued its operations or disposed		-han 250/ afita		
<u>\$</u>	2 (Check ti	iis box 🖪 II the organization	discontinued its operations of disposed	or more i	.11411 25% 01 115	net as	ssets
တ္ 	3 1	Number	of voting members of the gove	erning body (Part VI, line 1a)			з	21
ه س				rs of the governing body (Part VI, line 1)			4	21
Ě			· -	ın calendar year 2013 (Part V, line 2a)	•		5	119
Activities & Governance				if necessary)			6	7,300
⋖				n Part VIII, column (C), line 12			7a	59,384
				e from Form 990-T, line 34			7b	-32,153
				<u> </u>				1
						Prior Year		Current Year
	8	Contri	butions and grants (Part VIII	,line 1 h)			956	
lue	8 9			, line 1h)		3,577,		3,510,501
venue	8 9 10	Progra	ım service revenue (Part VIII	I, line 2g)		3,577, 9,049,		3,510,501 9,503,711
Revenue		Progra Invest	nm service revenue (Part VIII ment income (Part VIII, colu	(, line 2g)		3,577, 9,049, 49,	417 193	3,510,501 9,503,711 563,360
Revenue	10	Progra Invest Other	ım service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A	I, line 2g)		3,577, 9,049, 49, 475,	417 193 201	3,510,501 9,503,711 563,360 225,635
Revenue	10 11	Progra Invest Other Total I 12) .	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through	I, line 2g)	ne	3,577, 9,049, 49, 475, 13,151,	417 193 201 767	3,510,501 9,503,711 563,360 225,635 13,803,207
Revenue	10 11 12	Progra Invest Other Total (12) . Grants	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through 	(, line 2g)	ne	3,577, 9,049, 49, 475,	417 193 201 767	3,510,501 9,503,711 563,360 225,635 13,803,207
Revenue	10 11 12	Progra Invest Other Total (12) . Grants	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through 	I, line 2g)	ne	3,577, 9,049, 49, 475, 13,151,	417 193 201 767	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264
	10 11 12	Progra Invest Other Total (12) . Grants Benefi	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through s and similar amounts paid (Pa ts paid to or for members (Pai es, other compensation, emplo	(, line 2g)	ne .	3,577, 9,049, 49, 475, 13,151, 228,	417 193 201 767 976 0	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264
	10 11 12 13 14 15	Progra Invest Other Total (12) . Grants Benefi Salar(65-10)	im service revenue (Part VIII cment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through	Inne 2g)	ne .	3,577, 9,049, 49, 475, 13,151,	417 193 201 767 976 0	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705
	10 11 12 13 14 15	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes	im service revenue (Part VIII cment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through s and similar amounts paid (Pa ts paid to or for members (Pai es, other compensation, emplo	Inne 2g)	ne .	3,577, 9,049, 49, 475, 13,151, 228,	417 193 201 767 976 0	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705
Expenses Revenue	10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salar((5-10)) Profes Total fu	im service revenue (Part VIII coment income (Part VIII, column (Arevenue — add lines 8 through —	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228,	417 193 201 767 976 0 716	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705
	10 11 12 13 14 15 16a b	Progra Invest Other Total II 12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII cment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through s and similar amounts paid (Pa ts paid to or for members (Pai es, other compensation, emplo sional fundraising fees (Part I ndraising expenses (Part IX, column expenses (Part IX, column (A	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228, 3,988,	417 193 201 767 976 0 716 0	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106
	10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII cment income (Part VIII, column (Arevenue — add lines 8 through	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228, 3,988,	417 193 201 767 976 0 716 0	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075
Expenses	10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII cment income (Part VIII, column (Arevenue — add lines 8 through	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228, 3,988, 12,696, 455,	417 193 201 767 976 0 716 0 517 209 558	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868
Expenses	10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII cment income (Part VIII, column (Arevenue — add lines 8 through	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228, 3,988,	417 193 201 767 976 0 716 0 517 209 558	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075
Expenses	10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total o Reven	im service revenue (Part VIII coment income (Part VIII, column (Arevenue — add lines 8 through —	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228, 3,988, 12,696, 455, ginning of Curre	417 193 201 767 976 0 716 0 517 209 558	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868 End of Year
Expenses	10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salar((5-10)) Profes Total fu Other Total (6) Reven	im service revenue (Part VIII coment income (Part VIII, column (Arevenue — add lines 8 through —	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228, 3,988, 12,696, 455, pinning of Currey	417 193 201 767 976 0 716 0 517 209 558 ent	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868 End of Year 35,423,567
	10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (2) Reven	im service revenue (Part VIII coment income (Part VIII, column (Arevenue — add lines 8 through — and similar amounts paid (Part Spaid to or for members (Part Spaid to or for members (Part Spaid to or for members (Part Indraising expenses (Part IX, column expenses (Part IX, column (Arexpenses Add lines 13–17 (rue less expenses Subtract lines assets (Part X, line 16)	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228, 3,988, 12,696, 455, sinning of Curreyear 33,380,	417 193 201 767 976 0 716 0 517 209 558 ent	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868 End of Year 35,423,567 5,128,874
Net Assets or Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven	im service revenue (Part VIII coment income (Part VIII, column (Arevenue — add lines 8 through — and similar amounts paid (Part Spaid to or for members (Part Spaid to or for members (Part Spaid to or for members (Part Indraising expenses (Part IX, column expenses (Part IX, column (Arexpenses Add lines 13–17 (rue less expenses Subtract lines assets (Part X, line 16)	Inne 2g)		3,577, 9,049, 49, 475, 13,151, 228, 3,988, 12,696, 455, Jinning of Curre Year 33,380, 3,086,	417 193 201 767 976 0 716 0 517 209 558 ent	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868 End of Year 35,423,567 5,128,874
Mot Assets or Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total a Sign alties of dge and	im service revenue (Part VIII iment income (Part VIII, column (Arevenue — add lines 8 through — and similar amounts paid (Part spaid to or for members (Part is paid to or for members (Part is, other compensation, employs sional fundraising fees (Part IX, column expenses (Part IX, column expenses (Part IX, column expenses Add lines 13–17 (rue less expenses Subtract lines expenses Subtract lines (Part X, line 16)	Inne 2g)	ne	3,577, 9,049, 49, 475, 13,151, 228, 3,988, 12,696, 455, pinning of Curre Year 33,380, 3,086, 30,294, medules and sta	417 193 201 767 976 0 716 0 517 209 558 ent 982 418 564	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868 End of Year 35,423,567 5,128,874 30,294,693
Mot Assets or Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total a Sign alties of dge and	im service revenue (Part VIII iment income (Part VIII, column (Part VIII, column (Part VIII), column (Part II), column (Part III), column (Part II	imn (A), lines 3, 4, and 7d). A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), linest IX, column (A), lines 1-3). rt IX, column (A), lines 1-3). oyee benefits (Part IX, column (A), lines IX, column (A), line 11e). (D), line 25) 558,812 A), lines 11a-11d, 11f-24e). must equal Part IX, column (A), line 25) ne 18 from line 12	ne	3,577, 9,049, 49, 475, 13,151, 228, 3,988, 8,478, 12,696, 455, sinning of Currer Year 33,380, 3,086, 30,294, medules and stater) is based on	417 193 201 767 976 0 716 0 517 209 558 ent 982 418 564	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868 End of Year 35,423,567 5,128,874 30,294,693
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Sign of Fund Balances Expenses Expenses Output Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Sign alties of dige and as any ki	im service revenue (Part VIII iment income (Part VIII, column (Part VIII, column (Part VIII), column (Part II),	imn (A), lines 3, 4, and 7d). A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), linest IX, column (A), lines 1-3). rt IX, column (A), lines 1-3). oyee benefits (Part IX, column (A), lines IX, column (A), line 11e). (D), line 25) 558,812 A), lines 11a-11d, 11f-24e). must equal Part IX, column (A), line 25) ne 18 from line 12	ne	3,577, 9,049, 49, 475, 13,151, 228, 3,988, 8,478, 12,696, 455, sinning of Currer Year 33,380, 3,086, 30,294, medules and stater) is based on	417 193 201 767 976 0 716 0 517 209 558 ent 982 418 564	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868 End of Year 35,423,567 5,128,874 30,294,693
a k b b b b b b b b b b b b b b b b b b	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total (2) Reven Total (3) Net as Sign altres of dge and as any ki	im service revenue (Part VIII iment income (Part VIII, column (Part VIII, column (Part VIII), column (Part II), column (Part III), column (Part II	imn (A), lines 3, 4, and 7d). A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), linest IX, column (A), lines 1-3). rt IX, column (A), lines 1-3). oyee benefits (Part IX, column (A), lines IX, column (A), line 11e). (D), line 25) 558,812 A), lines 11a-11d, 11f-24e). must equal Part IX, column (A), line 25) ne 18 from line 12	ne	3,577, 9,049, 49, 475, 13,151, 228, 3,988, 8,478, 12,696, 455, sinning of Currer Year 33,380, 3,086, 30,294, medules and stater) is based on	417 193 201 767 976 0 716 0 517 209 558 ent 982 418 564	3,510,501 9,503,711 563,360 225,635 13,803,207 222,264 0 4,491,705 0 9,122,106 13,836,075 -32,868 End of Year 35,423,567 5,128,874 30,294,693

Firm's name FIXON HUGHES GOODMAN LLP

ASHEVILLE, NC 28806

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

Firm's address > 500 RIDGEFIELD COURT

Paid

Preparer

Use Only

Check If self-employed

Firm's EIN 🕨 56-0747981

Phone no (828) 254-2254

✓ Yes ☐ No

Par	t III	Statement of Program S Check if Schedule O contains	Service Accomp a response or note	plishments to any line in this Part	III	
1	Brie	fly describe the organization's m	ssion			
		TO PUT GOD'S LOVE INTO AC OMMUNITIES AND HOPE	TION, HABITAT FO	OR HUMANITY OF CH	ARLOTTE BRINGS PEOPLE TO	GETHER TO BUILD
2	the p	the organization undertake any si prior Form 990 or 990-EZ? . es," describe these new services				┌ Yes ┌ No
3	Dıd t servi	he organization cease conductin	g, or make sıgnıfıca • • • • •		onducts, any program	┌ Yes ┌ No
4	Desc expe	es," describe these changes on Scribe the organization's program senses Section 501(c)(3) and 503 otal expenses, and revenue, if ar	service accomplishi 1 (c)(4) organization	s are required to repor		
4a	HAV: EXIS WITH OF T A ST COM CHA FIRS HON SALV 1,50 AMA DON \$1 2	CHARLOTTE AFFILIATE OF HABITAT FOR SING SERVED A NEW SINGLE-YEAR RECONTING HOMES, AND REPAIRING OLDER, OF HAFFORDABLE HOUSING ELEVEN-HUNG THEM HAVE BEEN PAID IN FULL, AND ON UDY REVEALING THAT NUMBER I RUOTTE HOMEOWNERS HIGH-PROFILE BUT HABITAT HOME IN MECKLENBURG CONTOUR HABITAT CHARLOTTE FOR ITS PARTICADOR HAS PRODUCED SAFE, DECENT AND FROM ALL UNRESTRICTED DONA ONE AFFILIATES OF HABITAT FOR HUMAN ZON COM, AND SHOWS ENCOURAGING HATED GOODS AT THE TWO RESTORE LO GRAMS	HUMANITY INTERNATION OF 112 NEW FAMILIA DWNER-OCCUPIED HOMORED FORTY-SEVEN ZERLY 4 6 PERCENT HAVE SAS HAD, SINCE ITS FOUL SA COLLECTIVE TOTAL OF THE SAME THE SAME WITH THE SAME WITH THE SAME SAME SAME SAME SAME SAME SAME SAM	DNAL CELEBRATED ITS 30TH ES THROUGH A COMBINATION OF THE AFRO-INTEREST MORTGAGES IN UPFERED FORECLOSURE TO MILLION IN PROPINIVERSARY YEAR INCLUDE! AT THE LEED PLATINUM LE OF EL SALVADOR THE DEC NG FOR MORE THAN 1,200 B MILLION, THUS DISTINGUIS MI	ON OF NEW HOME CONSTRUCTION, PUI FILIATE'S OVERALL TOTAL SINCE 1983 THAVE BEEN ISSUED IN TOTAL BY HABITA HE MILESTONE CELEBRATION YEAR ALSO LION POSITIVE ECONOMIC IMPACT ON ERTY TAXES PAID BACK INTO THE COMED BUILDING OF A NEW HOUSE IN 30 HOWEL, AND A VISIT FROM EL SALVADOR'S CADES-LONG RELATIONSHIP BETWEEN HEAMILIES IN THAT COUNTRY THE AFFI ISHING HABITAT CHARLOTTE AS THE TISTE IN 13-14 FOR SELLING USED BOOKLL, PROFITS GENERATED BY RETAIL OPE & BOOKS, AND SALES FROM METAL REC	RCHASING AND REHABBING O 1,357 FAMILIES SERVED I CHARLOTTE, 25 PERCENT O INCLUDED PUBLICATION OF IHE CHARLOTTE IUNITY BY HABITAT URS, COMPLETION OF THE AMBASSADOR TO THE US TO ABITAT CHARLOTTE AND EL LIATE'S TITHE TO HABITAT EL IHE LEADER AMONG ALL ICS ONLINE THROUGH RATIONSSALES OF YCLING EFFORTSTOPPED
4b	(Cod	de) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	_					
4c	(Cod	de) (Expenses \$		including grants of \$) (Revenue \$)
4d	Oth	ner program services (Describe ii	Schedule O)			
	(Ex	penses \$	including grants o	of\$) (Revenue \$)
4e	Tot	al program service expenses 🕨	12,721,164	1		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? <i>If "Yes," complete Schedule D, Part X</i>	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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 or other assistance to any domestic organization or government 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 or 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 "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
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	Yes	
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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "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? <i>If "Yes," complete Schedule R, Part I</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 "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2013)

αı	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	. J No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 53		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	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
1	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	
	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" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105, to the 50 of 55, and the organization meriorin 0000 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5с		
ı	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	ı	
	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	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
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			.,
	74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	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 Form 1098-C?	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.	<u> </u>		
	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?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	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			
	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.			
	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	1	
,	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			
	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 0	14h		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing 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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
	eties B. Belieies (This Castian D. requests information about policies not required by the Internal D		.a Cad	a \
56	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<u>ie coa</u>	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				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 b	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? 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	10a 10b 11a	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? 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	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 15	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 15	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 13 14 15	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 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 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 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
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 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 taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

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)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 28211 (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) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	check, office Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SCOTT BENGEL	1 00	<u> </u>		.,		_				
CHAIR		X		Х				0	0	0
(2) JIM HALLMARK	1 00	х		х				0	0	0
VICE PRESIDENT (3) CYRUS M JOHNSON JR	1 00									
SECRETARY	100	×		Х				0	0	0
(4) CHARLIE GREER	1 00	х		Х				0	0	0
TREASURER								ŭ	-	
(5) WILL BARNHARDT	1 00	×						o	0	0
BOARD MEMBER										
(6) JOHN BAXTER	1 00	x						О	0	0
BOARD MEMBER (7) JIM EARLY	1 00									
BOARD MEMBER		X						0	0	0
(8) ADITYA BHASIN	1 00	-								
BOARD MEMBER		X						0	0	0
(9) OTIS CROWDER	1 00	х						0	0	0
BOARD MEMBER								Ů	0	
(10) BORIS HENDERSON	1 00	x						0	0	0
BOARD MEMBER								ű		
(11) LUCIA Z GRIFFITH	1 00	l x						0	0	0
BOARD MEMBER										
(12) JOANNA GAMMON	1 00	х						0	0	0
BOARD MEMBER (13) TREVOR JOHNSTON	1 00									
` '	100	х						0	0	0
BOARD MEMBER (14) LYNN LYONS	1 00									
, ,	100	х						0	0	0
BOARD MEMBER (15) HUGH MCCOLL	1 00	-								
BOARD MEMBER		Х						0	0	0
(16) LUCY S MCDERMOTT	1 00	 						0	0	0
BOARD MEMBER		X		L	L			<u> </u>		
(17) BRIAN NATWICK	1 00	х						0	0	0
BOARD MEMBER		_ ^								
										Form 990 (2013)

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

	(A) Name and Title	(B) A verage	Pos	sition	(C		chec	k	(D) Reportable	(E) Reportable	(F Estim	-
	-	hours per week (list any hours	more pers	than on is	one bot	bo: thai	x, unle n offic rustee	ess er	compensation from the organization	compensation from related organizations	amount comper from	of other isation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensat employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organı: and re organız	lated
			"·	100 00			sated					
(18)	OSE SIMON	1 00					<u> </u>					
BOAR	D MEMBER		×						0	C)	0
(19)	CATHY SACHS	1 00	х						0	C		0
BOAR	D MEMBER								0		<u></u>	
(20)	JENNIFER TREVISOL	1 00] _x						0	C		0
	D MEMBER		<u> </u>			_			Ŭ			
(21) \	WINSTON SHARPE	1 00	l x						0	C		0
	D MEMBER											
, ,	FRANK SPENCER	40 00			x				122,810	C		2,685
	IDENT & CEO BERT GREEN	40 00	1								-	
. ,		40 00			×				74,367	C		7,268
DIREC	CTOR OF STRATEGIC INIT											
							<u> </u>					
1b	Sub-Total			•	•							
c d	Total from continuation sheets to Par Total (add lines 1b and 1c)	-			•		<u> </u>		197,177	0		9,953
	Total number of individuals (including				.d .l	hove	-	roo	·	٩		3,333
2	\$100,000 of reportable compensation				eu ai	DOVE	e) wno	rec	eived more than			
											1	
_										—	Yes	No
3	Did the organization list any former of on line 1a? <i>If "Yes," complete Schedule</i>			e, key	y em	npio	yee, o	r hig	inest compensate			N.o.
4	For any individual listed on line 1a, is			omne	- .nc.	tion		 -+ho:	r componention fr	3 m tho		No
~	organization and related organizations									om the		
	ındıvıdual					•		•		4		No
5	Did any person listed on line 1a receive									ndıvıdual for		
	services rendered to the organization?	? If "Yes," comple	te Sche	dule.	J for	suc	ch pers	son		5		No
	ection B. Independent Contract	tors										
1	Complete this table for your five highe	st compensated										
	compensation from the organization R	(A)	tion foi	the	cale	enda	ryear	end		the organization's (B)	s tax year (c	
	Name and	business address							Description	on of services	Compe	
SUMM	IIT AIR AND ELECTRICAL LLC PO BOX 1233 HARF	RISBURG NC 28075							HEATING, AIR, A SERVICES	ND ELECTRIC		378,987
	AS P OWENS DBA CHRISTIAN PLUMBI, PO BOX								PLUMBING			225,919
	I RICHARDSON GRADING INC 7920 HAMBRIGHT HERD'S LANDSCAPE MAINTENANCE LLC PO BOX								CLEARING/GRAD	DING SERVICES		201,795 176,705
	E BROTHERS INC 4608 CARRIKER ROAD MONR								MASONRY SERVI	CES		161,965

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 8$

Contributions, Giffs, Grants and Other Similar Amounts	14
Program Service Revenue	22
	3 4 5 6 6 7
Other Revenue	99
	11.

VIII	Statement o Check if Schedi		pon	se or note to any lir	ne in this Part VIII			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Se of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns	1a					
b	Membership du	es	1b					
c	Fundraising eve	ents	1 c	30,587				
d	Related organiz	ations	1d					
e	Government grants	s (contributions)	1e	837,555				
f	All other contribution	ons, gifts, grants, and ot included above	1 f	2,642,359				
g	Noncash contribution 1a-1f \$	ons included in lines		583,759				
h	Total. Add lines	s 1a-1f		▶	3,510,501			
				Business Code				
2a	MORTGAGED HOMI	E SALES		531390	4,079,406	4,079,406		
b	RE-STORE			442000	3,555,040	3,555,040		
С	MORTGAGE AMORT	FIZATION		900099	1,481,494	1,481,494		
d	BOOK SALES			451211	156,452	156,452		
е	OTHER PROG SERV	/ICES		900099	150,098	150,098		
f	All other progra	m service revenue			81,221	81,221		
g	Total. Add lines	s 2a – 2f		▶	9,503,711			
3		ome (including divid						252 555
4		ar amounts) tment of tax-exempt bo			259,555			259,555
5	Royalties							
_	_	(ı) Real		(II) Personal				
6a b	Gross rents Less rental	60,968						
"	expenses							
C	Rental income or (loss)	60,968						
d	Net rental inco	me or (loss)	٠,		60,968	60,968		
l _	Cross amount	(ı) Securities		(II) Other				
7a	Gross amount from sales of assets other than inventory			303,805				
ь	Less cost or other basis and			0				
	sales expenses			0				
C .	Gain or (loss)	<u> </u>		303,805	202.005			202.005
d 8a	Net gain or (los	-	1	· · · · •	303,805			303,805
Od	Ψ	luding ,587						
	of contributions See Part IV, lin	reported on line 1d	:)					
	,		а	29,147				
ь	Less direct ex	penses	ь	18,762				
C	Net income or ((loss) from fundraisi	ng e	events 🛌	10,385			10,385
9a	Gross income f See Part IV, lin	rom gaming activitions in the second section in the second						
ь	less directev	penses	a b					
		(loss) from gaming a	L	/ities				
	Gross sales of	inventory, less	ſ	·				
1	returns and allo		<u> </u>	390,187				
ь	loce cost of "		a L	·				
		oods sold (loss) from sales of	b [ınv∈	246,043 entory .	144,144		59,384	84,760
	Miscellaneous			Business Code	•		,	<u>, </u>
11a	MISCELLANEC	OUS REVENUES		900099	10,138			10,138
ь								
c			Ì					
d	All other reven	ue	į					
е	Total. Add lines	s 11a-11d	•	🕨	10,138			
12	Total revenue.	See Instructions .		· · · •	13,803,207	9,564,679	59,384	668,643

	990 (2013)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	iona milat aomin	lata salumn (A.)	
Section					
	Check if Schedule O contains a response or note to any line in this		(B)	(c)	<u>l</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	216,714	216,714		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	5,550	5,550		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	5,533	2,333		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	207,130	74,068	75,322	57,740
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	3,503,428	3,059,858	195,610	247,960
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,289	59,348	7,080	4,861
9	Other employee benefits	431,018	392,519	15,409	23,090
10	Payroll taxes	278,840	234,673	20,881	23,286
11	Fees for services (non-employees)	270,040	254,075	20,001	23,200
a	Management				
b	Legal	3,722		3,722	
C	Accounting	47,300		47,300	
d	Lobbying				
е	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)	228,829	130,888	36,401	61,540
12	Advertising and promotion	205,342	197,815		7,527
13	Office expenses	424,722	347,936	40,988	35,798
14	Information technology	90,216	36,101	37,173	16,942
15	Royalties	30,210	30,101	37,173	10,512
16	Occupancy	315,537	308,302	4,571	2,664
17	Travel	177,980	167,947	5,677	4,356
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	177,980	107,547	3,077	4,330
19	Conferences, conventions, and meetings			+	
20	Interest	97,492	67,317	30,175	
21	Payments to affiliates	97,492	07,317	30,173	
		112.055	03.034	20.024	
22	Depreciation, depletion, and amortization	112,955	92,934	20,021	
23 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)	91,097	72,400	15,769	2,928
а	HOUSE SALES COST	5,142,653	5,142,653		_
b	MORTGAGE DISCOUNT AMORT	2,030,033	2,030,033		
c	MISCELLANEOUS EXPENSES	102,004	34,288		67,716
d	FAMILY SUPPORT EXPENSE	49,820	49,820	+	5.,,10
	All other expenses	2,404	45,020	 	2,404
25	Total functional expenses. Add lines 1 through 24e	,	12 721 164	EEC 000	
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 F if following SOP 98-2 (ASC 958-720)	13,836,075	12,721,164	556,099	558,812

Form 990 (2013)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	1,400	1	1,400
	2	Savings and temporary cash investments	1,879,563	2	3,463,933
	3	Pledges and grants receivable, net	283,860	3	228,667
	4	Accounts receivable, net	292,557	4	299,578
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		_	
\$	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Se	_			6	
Assets	7	Notes and loans receivable, net	0.400.004	7	0.040.000
	8	Inventories for sale or use	6,100,331	8	6,210,983
	9 10a	Prepaid expenses and deferred charges	117,222	9	118,885
	ь	Less accumulated depreciation 10b 689,289		10c	3,939,579
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	20,554,903	13	20,997,670
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	167,409	15	162,872
	16	Total assets. Add lines 1 through 15 (must equal line 34)	33,380,982	16	35,423,567
	17	Accounts payable and accrued expenses	505,850	17	590,724
	18	Grants payable		18	
	19	Deferred revenue	53,435	19	86,410
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D	550,499	21	539,016
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,976,634	23	3,912,724
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
		D	3,086,418		5,128,874
	26	Total liabilities. Add lines 17 through 25	3,080,418	26	5, 126,674
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>ਨ</u>	27	Unrestricted net assets	28,359,886	27	29,888,455
<u> </u>	28	Temporarily restricted net assets	1,886,100	28	352,570
핃	29	Permanently restricted net assets	48,578	29	53,668
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	_
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	30,294,564	33	30,294,693
_	34	Total liabilities and net assets/fund balances	33,380,982	34	35,423,567

Par	t XI Reconcilliation of Net Assets			<u> </u>	-9
	Check if Schedule O contains a response or note to any line in this Part XI		•		
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total Tevenide (must equal Fait VIII, Column (A), mie 12)	1		13,8	303,207
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,8	36,075
3	Revenue less expenses Subtract line 2 from line 1	3		-	-32,868
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			294,564
5	Net unrealized gains (losses) on investments	5			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	Donated services and use of facilities	6			32,997
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			С
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	294,693
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. F
				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	wed 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				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

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As Filed Data -

DLN: 93493311012874

OMB No 1545-0047

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HABITAT FOR HUMANITY OF CHARLOTTE INC

SCHEDULE A

(Form 990 or 990EZ)

nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number**

56-1366233

su	(iii)	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is organizated (i) lis your gove docume	the ion in ited in erning	•	zation of your	(vi) Is organiza col (i) organita the U	the tion in ganized	(vii) A monet	ary							
(i) su	(iii Pro Name of pported	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	the lon in led in erning ent?	(v) Did yo the organ in col (i) suppo	zation of your rt?	organiza col (i) org in the L	the tion in ganized IS?	(vii) A mo	ary							
(i) su	(iii Pro Name of pported	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is organizat col (i) lis your gove	the ion in ited in erning	(v) Did yo the organ in col (i)	zation of your	organiza col (i) org	the tion in ganized	(vii) A mo	ary							
(i)	(iii) Pro		ng information about	(iv) Is	the	(v) Did yo			the	(vii) A mo								
h	(iii)	vide the followi	, · · ·	the support	ed organiza	•			[225	J(iii)								
	(iii)		, · · ·	_	_	•				J(iii)								
	` '	(iii) A 35% controlled entity of a person described in (i) or (ii) above?																
	(ii)	•	•	. ,						(ii) A family member of a person described in (i) above?								
		. , ,	governing body of th	• •	•	on?				g(i)								
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No																
9		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?																
:	Ift che	ck this box	received a written de						e III suppor	tıng organıza	tion,							
e	oth	er than foundat	ox, I certify that the on managers and oth															
1	one	or more public box that descr	ganized and operated ly supported organiza bes the type of supp b Type II c	ations desci orting orgar	, ribed in sec nization and	tion 509(a)(1 I complete line) or sections es 11e thro	n 509(a)(2) S ough 11h	See section	509(a)(3). C	heck							
)	_		ganized and operated							the nurness	s of							
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)																
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of																
8	ГАс	ommunity trust	on 170(b)(1)(A)(vi). described in section	170(b)(1)((A)(vi) (C	-	-											
7			at normally receives			s support from	n a governn	nental unit or	from the gei	neral public								
,	┌ A f	ederal, state, or	local government or	governmen	tal unit des	cribed in sect	ion 170(b)	(1)(A)(v).										
	sec	tion 170(b)(1)((A)(iv). (Complete P	art II)														
	┌ An	organization op	erated for the benefit	of a college	e or univers	sity owned or o	perated by	/ a governmer	ntal unit des	cribed in	-							
5		nedical researc spital's name, c	h organization operat	ed in conjur	nction with	a hospital des	cribed in s	ection 170(b)	(1)(A)(iii).	Enter the								
								4=0(:)										
3 4 5		iospital or a cod	perative hospital se	vice organi			JN 1/U(D)(.	1)(A)(III).										

Schedule A (Form 990 or 990-EZ) 2013 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 4,246,145 4,195,416 3,612,278 3,577,956 3,539,648 19,171,443 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4,246,145 4,195,416 3,612,278 3,577,956 3,539,648 19,171,443 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 97,399 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 19,074,044 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 **(e)** 2013 (f) Total beginning in) 🟲 4,246,145 4,195,416 3,612,278 3,577,956 3,539,648 19,171,443 Amounts from line 4 Gross income from interest, dividends, payments received on 89,802 93,594 48,599 48,055 259,555 539,605 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly 10 11 12 13 15 16a

	carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	115,721	309,848	24,748	103,019		3,185	556,521
11	Total support (Add lines 7 through 10)							20,267,569
12	Gross receipts from related activit	ies, etc (see ins	tructions)			12		47,059,865
13	First five years. If the Form 990 is	_	,	, , ,	•		, -	,
	this box and stop here			· · · · · · · · ·	<u> </u>	<u> </u>	<u></u>	<u></u> ►
14	ection C. Computation of Pu Public support percentage for 201			11 column (f))		144	Ι	04.110.0/
		` ,	,	: 11, Column (1))		14		94 110 %
15	Public support percentage for 201	•	•			15		92 870 %
16a		-		•	line 14 is 33 1/3%	or more,	check	this box ►⁄
h	and stop here. The organization qu 33 1/3% support test—2012. If the				and line 1 Fig 2	2 4/20/- 0.5	more c	
ט	box and stop here. The organization				, and tille 15 is 5.	3 1/3%0 01	more, c	Heck tills ▶□
17a		·		_	ne 13, 16a, or 16	b, and lir	ie 14	. ,
	ıs 10% or more, and ıf the organiza	ation meets the "	facts-and-cırcum	stances" test, ch	eck this box and	stop here	. Explai	n
	in Part IV how the organization me	ets the "facts-an	d-cırcumstances	" test The organ	ızatıon qualıfıes a	s a public	ly supp	
	organization	2012 7646			12 16- 16-	4 7		▶ □
D	10%-facts-and-circumstances test 15 is 10% or more, and if the orga	_			, , ,	•		
	Explain in Part IV how the organiza				•	-		clv
	supported organization				, ,			▶ □
18	Private foundation. If the organiza	ition did not chec	k a box on line 13	3, 16a, 16b, 17a,	or 17b, check th	ıs box and	dsee	. —
	instructions							▶□
					Caha	dula A /E	OOC) or 000 E7\ 2012
					Sche	uule A (F	onn 99t	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction				
Facts And Circumstances Test						
Retu	ırn Reference	Explanation				
		Schodulo A / Form 000 o	000 E7) 201			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493311012874

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

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

Na HAF	me of the organization BITAT FOR HUMANITY OF CHARLOTTE IF			Employer id	lentification number
IIAL	THAT FOR HOMANITE OF CHARLOTTE II	••		56-13662	33
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c) or is a section 5	27 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).	
1		e tax incurred by the organization und			- \$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	n 4955 🕨	- \$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c), except section	501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to otl	ner organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	Enter the names, addresses are organization made payments of amount of political contribution separate segregated fund or a	i's funds Also enter the rganization, such as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -	contributions received

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	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 lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

Pa		ration is exempt under section 501(c)(3) and has lon under section 501(h)).	TOP				
For o	ach "Ves" response to lines to through the	view provide in Port IV a detailed description of the Johnwa	(a	1)	((b)	
ror e activ		low, provide in Part IV a detailed description of the lobbying	Yes	No	An	ount	
1		on attempt to influence foreign, national, state or local uence public opinion on a legislative matter or referendum,					
а	Volunteers?			Νo			
b	Paid staff or management (include comp	ensation in expenses reported on lines 1c through 1i)?	Yes				
C	Media advertisements?			Νo			
d	Mailings to members, legislators, or the	public?		Νo			
е	Publications, or published or broadcast	statements?		Νo			
f	Grants to other organizations for lobbying	g purposes?		Νo			
g	Direct contact with legislators, their sta	ffs, government officials, or a legislative body?	Yes			•	957
h	Rallies, demonstrations, seminars, conv	entions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?			Νo			
j	Total Add lines 1c through 1i					•	957
2a	Did the activities in line 1 cause the org	anızatıon to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax inc	urred under section 4912					
C	If "Yes," enter the amount of any tax inc	urred by organization managers under section 4912					
d	If the filing organization incurred a secti	on 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organiz 501(c)(6).	ation is exempt under section 501(c)(4), section !	5 01(c))(5), c	r sec	tion	
	332(3)(3):				Y	'es l	No
1	Were substantially all (90% or more) du	es received nondeductible by members?		Г	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		
Par	t IIII-B Complete if the organiz	ation is exempt under section 501(c)(4), section	501(c))(5), c	r sec	tion	_
		(a) BOTH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar amounts		1				_
2	•	and political expenditures (do not include amounts of political					
а	Current year	ux was paraji	2a				
b	Carryover from last year		2b				
c	Total		2c				
3		033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		ine 2c exceeds the amount on line 3, what portion of the excess					
		r to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and politica	expenditures (see instructions)	5				
Pa	art IV Supplemental Informat	ion					
	ovide the descriptions required for Part I-At II-B, line 1 Also, complete this part for	a, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou any additional information	ıp lıst),	Part II	-A, line	e 2, ar	ıd
	Return Reference	Explanation					
PAR	WHER	YEAR ONE STAFF MEMBER ATTENDED THE ANNUAL "HABITA E EXECUTIVE DIRECTORS TRAVEL TO WASHINGTON TO LOI RESS ON ISSUES AND INITIATIVES THAT AFFECT AFFORDA	ЗВҮ МЕ	MBERS	ΟF	ENT	
							_

201104410 0 (101111 330 01 330 12) 2013		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

DLN: 93493311012874

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service directions and its instruction	tions is at <u>www.irs.gov/rorinsso</u> .		Inspection
	me of the organization NITAT FOR HUMANITY OF CHARLOTTE INC			oloyer identification number
Do	The Organizations Maintaining Donor Ad	vised Eurode or Other Similar E		1366233
PG	rt I Organizations Maintaining Donor Ad- organization answered "Yes" to Form 990		unas	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or	5	nor adv	rsed Yes No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
aı	rt III Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	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 Complete lines 2a through 2d if the organization held is	or education)	certifie	d historic structure
	easement on the last day of the tax year	a quanned conservation contribution in	the loth	ii oi a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
:	Number of conservation easements on a certified histo	orıc structure ıncluded ın (a)	2c	
t	Number of conservation easements included in (c) accommissions structure listed in the National Register	quired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	ne organization during
	the tax year 🗠			
	Number of states where property subject to conservat	ion easement is located ►		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	ıdlıng of	f violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments o	during the year
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year
	* \$			70 (1) (4) (7) (1)
	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of se	ction 1.	/ ((h)(4)(B)(I)
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
ar	Organizations Maintaining Collection Complete if the organization answered "Y	ns of Art, Historical Treasures, (es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	orrese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
1	Revenues included in Form 990, Part VIII, line 1			► \$
ь	Assets included in Form 990, Part X			<u></u> -
				• т

Part	•••• Organizations Maintaining Co	<u>llections of Art,</u>	His	<u>toric</u>	<u>al Tr</u>	<u>easu</u>	res, or O	<u>ther</u>	<u>Similar As</u>	sets (c	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ls, ch	ieck a	ny of t	he foll	owing that a	re a	significant use	of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ams			
b	Scholarly research		e	Γ	Other						
C	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explai	n how	v they	furthe	r the o	organization	's ex	empt purpose	n	
5	During the year, did the organization solicit of								lar	_,	 .
Dar	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang									Yes	No
Fell	Part IV, line 9, or reported an an						i answered	<i>1</i> 10	25 (0 101111 2	,50,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forco	ntrıbu	tions	or other ass	ets n		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving ta	able		_				
							_		An	nount	
C	Beginning balance						_	1c			
d	Additions during the year							1d			
е	Distributions during the year						<u> </u>	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							✓ Yes	☐ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has l	been p	rovided in P	art X	III	<u></u>	<u></u>
Pa	rt V Endowment Funds. Complete										
4 -	Danish a faranchalana	(a)Current year 48,578	(b)	Prior y	ear 46,044	b (c) ⊤	wo years back 49,210		hree years back 42,928	(e) Four y	ears back 39,995
1a L	Beginning of year balance	40,376			40,044		49,210		42,920		
b	Contributions										
С	Net investment earnings, gains, and losses	7,890			5,316		-521		8,275		5,227
d	Grants or scholarships										
e	Other expenditures for facilities and programs	2,219			2,160		2,118		1,453		1,906
f	Administrative expenses	581			622		527		540		388
g	End of year balance	53,668			48,578		46,044		49,210		42,928
2	Provide the estimated percentage of the curi	ent vear end balanc	e (lın	e 1a.	columi	n (a))	held as	<u> </u>			
– a	Board designated or quasi-endowment	ene year ena barane	C (C 19,	Coraiii	. (4))	ilola ab				
b	Permanent endowment ► 100 000 %										
c	r ermanent endowment p										
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shot	uld equal 100%									
За	Are there endowment funds not in the posses		tion t	that a	re held	l and a	dministered	fort	he		
	organization by	_								Yes	No
	(i) unrelated organizations			•				•	3a(
L	(ii) related organizations								3a(_ t	No
ь 4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·						•	31	<u>, </u>	
	t VI Land, Buildings, and Equipme					ansv	vered 'Yes'	' to I	orm 990. Pa	rt IV. l	ine
	11a. See Form 990, Part X, line :										
	Description of property				Cost or s (invest		(b) Cost or of basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	Land						2,329,	034			2,329,034
b	Buildings						1,713,	709	326,43	39	1,387,270
c	Leasehold improvements						98,	140	33,16	55	64,975
d I	Equipment		•				247,	329	172,53	38	74,791
	Other							656	157,14	7	83,509
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X	, colu	mn (B	3), line .	10(c).)			🕨		3,939,579
									Schedule [) (Form !	990) 2013

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	nplete if the organization a	answered 'Yes' to Fori	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va Cost or end-of-year i	
(1)Financial derivatives		Cost of end-of-year i	Harket value
(2)Closely-held equity interests			
Other			
Table (Caluma (h) mush asual Farm 000 Part V and (f) line 12)	 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Co		<u>l</u> n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year i	
(1) NON-INTEREST BEARING MORTGAGE LOAN	20.007.670		
RECEIVABLE FROM LOW-INCOME PERSONS	20,997,670	С	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	20,997,670 answered 'Yes' to Form 990	 . Part IV. line 11d See F	Form 990. Part X. line 15
(a) Descri		,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			44 446 C
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.	nization answered 'Yes' to) Form 990, Part IV, II	ne 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	the toyt of the features to the	n organization's finar!	statements that

	· · · · · · · · · · · · · · · · · · ·		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	14,001,477
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 32,997		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	308,270
3	Subtract line 2e from line 1	3	13,693,207
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		
ь	Other (Describe in Part XIII) 4b 110,000		
c	Add lines 4a and 4b	4c	110,000
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	13,803,207
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per audited financial statements	1	14,001,348
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	1	
c	Other losses		
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	264,805
3	Subtract line 2e from line 1	3	13,736,543
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)	1	

Part XIII Supplemental Information

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 information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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
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
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, 2014 FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2011 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 246,043 SPECIAL EVENT DIRECT EXPENSES 18,762 EXPENSES NETTED WITH REVENUE ON FINANCIALS 10,468
PART XI, LINE 4B - OTHER ADJUSTMENTS	RESTRICTED INCOME IN EXPENSES 110,000
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 246,043 SPECIAL EVENT DIRECT EXPENSES 18,762
PART XII, LINE 4B - OTHER ADJUSTMENTS	RESTRICTED INCOME IN EXPENSES 110,000 EXPENSES NETTED WITH REVENUE ON FINANCIALS -10,468

5

13,836,075

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493311012874

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

about Schedule G (Form 990 or 990-F7) and its instructions is at www.irs.gov/form990

	ne of the organization	CHARLOTTE INC	-				Employer ider	tification number
ПАБ	SITAT FOR HUMANITY OF (CHARLOTTE INC					56-1366233	
Pa	rt I Fundraising Act Form 990-EZ filer				on answered "Yes" part.	to Form	990, Part IV	, line 17.
1	Indicate whether the organ	iization raised funds	through a	ny of the f	following activities Che	eck all th	nat apply	
а	Mail solicitations			e	Solicitation of nor	n-govern	ment grants	
b	Internet and email soli	citations		f	☐ Solicitation of gov		=	
c d	Phone solicitations In-person solicitations	3		g	Special fundraisin	ig events	5	
2a	Did the organization have a or key employees listed in							Г _{Yes} Г _N
b	If "Yes," list the ten highes to be compensated at least			fundraise	rs) pursuant to agreem	ents und	ler which the fu	ndraiser is
	(i) Name and address of Individual or entity (fundraiser)	al		fundraiser have from activity ser) custody or fu control of contributions?		(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No				
2								
_								
3								
4								
5								
6								
7								
8								
9								
10								
Tota				▶				
3	List all states in which the registration or licensing	organization is regis	tered or li	censed to	solicit contributions o	r has be	en notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contributi	on answered "Yes" to ions and gross income	Form 990, Part IV, lii e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		3 , 3	(a) Event #1 A NIGHT WITH HABITAT (event type)	(b) Event #2 MUD VOLLEYBALL (event type)	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
ΑŒ	1	Gross receipts	38,285	21,449	,	59,734
Revenue	2	Less Contributions	20,291	10,296	,	30,587
<u>~</u>	3	Gross income (line 1 minus line 2)	17,994	1 11,153	3	29,147
	4	Cash prizes				
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	2,075	2,798	3	4,873
ă	7	Food and beverages .	7,518	573	3	8,091
Direct	8	Entertainment				
ā	9	Other direct expenses .	3,683	2,115	;	5,798
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(18,762)
	11	Net income summary Subtract li	ne 10 from line 3, column	n(d)		10,385
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue		\$13,000 GH 1 GHH 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
မှ မ	2	Cash prizes				
sesuedy	3	Non-cash prizes				
ញ ស្គ	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes %	┌ Yes %	│ Yes % %	_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)	<u> </u>	
9 a b	Ist	cer the state(s) in which the organization licensed to operate No," explain	gaming activities in eacl	h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during		

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

Schedule I

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

HABITAT FOR HUMANITY OF CHARLOTTE INC

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

► Attach to Form 990

Employer identification number

56-1366233

DLN: 93493311012874

OMB No 1545-0047

Open to Public **Inspection**

Part I General Infor	mation on Grants	and Assistance					
 Does the organization methe selection criteria use Describe in Part IV the organization 	ed to award the grants (orassistance?					∀ Yes
		Governments and received					"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	501(C)(3)	216,714		CASH	N/A	ANNUAL TITHE
2 Enter total number of sec	ction 501(c)(3) and go	vernment organizations l	isted in the line 1 table	·			1

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

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	6	5,550		FMV	
Part IV Supplemental Informa	ation. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.

Return Reference	Explanation
	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 DIRECTOR OF STORES, AND THE EL SALVADOR COORDINATOR

DLN: 93493311012874

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the or HABITAT FOR HUM		ARLOTT	E INC						Employ	er ide	ent if i	catio	ı number	•
Part I Exce	ess Benef	it Tr	ansactio	ons (section	on 501(c)(3	3) and section	n 501(c)(4)		56-130 zation					
						D, Part IV, line	25a or 25b	, or Form	1990-	EZ, P	art V ,	, line	40b	
1 (a) Name of disqualified person				•	shıp between	•	(c) De	scription	of tra	nsact	ion		(d) Corre	ected?
			perso	n and organiz	zation							Yes	No	
2 Enterthe	mount of ta	v inci	urrad by ar	ganization r	managore or	disqualified pe	rconc during	the yea	rundo	rcoct	· · · · ·			
								· ·		>	.1011 \$ —			
3 Enter the a	mount of ta	x, ıf a	ny, on line	2, above, r	eımbursed by	the organizat	ion			•	\$			
		-1/-		·	1 5						_			
					d Persons	• 990-EZ, Part V	/ line 38a d	r Form 9	90 Pa	art IV	line	26 0	rıfthe	
						line 5, 6, or 22					,			
(a) Name of	(b)		(c)			(e)Original	(f)Balance			(h)			(i)Written	
ınterested person	Relations with	hip	Purpose of loan	or from th		principal amount	due	defaul	lit? Appr by				agreem	ent
parson	organizati	ion	10411	Jorganizatio	···					board				
											or committee?			
				То	From	-		Yes	No	Yes	-	No.	Yes	No
-													<u> </u>	
													_	
											_		_	
		-									+		_	
											+		_	
 Γotal			▶ \$	1		1	<u> </u>						7	
Part III Gra	ants or As	ssist	ance Be	nefitting	Intereste	d Persons.							1	
	•		_			Form 990, P								
(a) Name of ir				up between son and the		nt of assistanc	e (d) Ty	pe of ass	sistanc	e	(e) P	urpos	e of ass	ıstance
perso	ı	liice	organiza											
(1) BERT GREEN	N		INTEREST			97	'5 ASSIST						ORTTH	
				OFFICER NIZATION			PARTICI HABITA		N		TRIP	TO E	LSALVA	DOR
							HUMANI	TY TRIP	TO E	ᅵ				
							SALVAD	O R						
							<u> </u>							

Part IV Business Transactions Involving Interested Persons.					
Complete if the organization	<u>n answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship (c) A mount of between interested transaction (d) Description of transaction		(e) Sharing of organization's revenues?		
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2013

DLN: 93493311012874

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

Open to Public Inspection

Internal Revenue Service ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization HABITAT FOR HUMANITY OF CHARLOTTE INC

Employer identification number

56-1366233

Pa	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 1g	Method of noncash contr		_	nts
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	8	108,722	TAX APPRAISAL	. VALU	E	
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other►(Х	13	453,140	FAIR MARKET V	ALUE		
BLD	G MATERIA)							
	Other►(X	4	18,360	FAIR MARKET V	ALUE		
	LS & FURNI) Other ► (- X	0	0	SEE SCH M PAR	T 11		
RES	TORE ITEMS)	^	0	0	SEE SCH M PAR	1 11		
	O ther ► ()				<u> </u>			
29	Number of Forms 8283 received by th for which the organization completed F				9		!	
20-	During the year did the arrangetion	rocolus bir	contribution and against	roported in Dart I lines 4	through 20 that	\vdash	Yes	No
<i>s</i> va	During the year, did the organization							
	it must hold for at least three years fr			, and which is not require	d to be used			
	for exempt purposes for the entire ho		· · · · · · · ·			30a		No
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31		No
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	colicit, process, or sell no	ncash • • •	32a		No
ь 33	If "Yes," describe in Part II If the organization did not report an a	mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II				· 			

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.		
Return Reference	Explanation	
•	THE ORGANIZATION RECEIVES NON-CASH DONATIONS THROUGH ITS RESTORE OPERATIONS DUE THE DIFFICULTY IN VALUING THESE TYPES OF CONTRIBUTIONS THE ORGANIZATION DOES NOT RECORD A BOOK VALUE AT THE TIME OF DONATION	

Schedule M (Form 990) (2013)

DLN: 93493311012874

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization HABITAT FOR HUMANITY OF CHARLOTTE INC **Employer identification number**

56-1366233

990 Schedule O, Supplemen	
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT WILL BE PROVIDED TO THE AUDIT COMMITTEE MEMBERS FOR REVIEW A CONFERENCE CALL IS H
	ELD WITH AUDIT COMMITTEE AND THE REPRESENTATIVE OF THE INDEPENDENT ACCOUNTING FIRM IN ORDE
	R TO ADDRESS ANY CONCERNS, ANSWER ANY QUESTIONS, AND APPROVE THE DRAFT OF THE 990 AFTER T
	HE AUDIT COMMITTEE APPROVES, THE 990 IS SENT TO EACH BOARD MEMBER FOR REVIEW PRIOR TO
	OCTOBER BOARD MEETING AT THE OCTOBER BOARD MEETING, THE FULL BOARD VOTES TO APPROVE THE F
	ILING OF THE 990 BY THE NOV 15TH DEADLINE
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 A
	DEQUATE DOCUMENTATION, TO PREVENT THE INDIVIDUAL FROM PROFITING FROM THE ENGAGEMENT
FORM 990, PART VI, SECTION B, LINE 15	EVERY THREE YEARS (OR MORE FREQUENTLY IF NECESSARY), THE COMPENSATION FOR EACH HABITAT CHA
	RLOTTE POSITION AND EMPLOYEE WILL BE REVIEWED BY THE BOARD OF DIRECTORS AND/OR PERSONNEL C
	OMMITTEE THE COMPENSATION REVIEW IS BASED ON A VARIETY OF FACTORS, INCLUDING, BUT NOT LIM
	ITED TO, THE EDUCATION, EXPERIENCE, QUALIFICATIONS AND PRIOR PERFORMANCE OF THE EMPLOYEE.
	THE EXPERTISE REQUIRED FOR THE POSITION, THE COMPENSATION PAID TO SIMILARLY-QUALIFIED PERS
	ONS IN FUNCTIONALLY-COMPARABLE POSITIONS, AND THE COMPENSATION OFFERED BY ORGANIZATIONS SI
	MILAR TO HABITAT CHARLOTTE COMPARABLE SALARY INFORMATION IS OBTAINED FROM COMPENSATION ST
	UDIES CONDUCTED BY EMPLOYER AND HUMAN RESOURCES ORGANIZATIONS AS WELL AS OTHER LARGE HABIT AT FOR HUMANITY AFFILIATES
FORM 990, PART VI, SECTION C,	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY POSTING ON ITS WEBSITE,
LINE 18	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
FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POL
	ICY ARE AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION THE FINAN
	CIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW HABITATCHARLOTTE ORG
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR