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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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.

Open to Public

•			Serviçe	Information about Form 990 and its instructions is at www.irs.gov/	form990.		Inspection
A	For 1	he :	2014 calend	ar year, or tax year beginning 07-01, 2014, and end	ing 0	6-30	, 2015
8	Check	c of ap	plicable	C Name of organization Habitat for Humanity of NC, Inc.		D Emp	loyer identification no.
	Addre	ss ch	ange	27-1	296717		
	Name	char	nge	E Telep	hone number		
	Initial	returr	,	323 West Jones Street Suite 501		(919	390-1660
	Final i	return	viterminated	City or town, state or province, country, and ZIP or foreign postal code			335,148
	Amen	ded r	eturn	Raleigh, NC 27603		G Gros	s receipts\$
	Applic	ation	pending	F Name and eddress of principal officer Christine Odom			
				Same as C above	H(a) Is this a group subordinates?	return for	Yes 🔀 No
1	Tax-e	кетр	t status X	501(c)(3)	H(b) Are all subords	nates includ	ed? Yes No
<u>J</u>	Webs	ite:	hab	itatnc.org	H(c) Group exempt	tach a list. (ion number	see instructions)
<u>K</u>		of org	ganization X	Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of formation 201	1 M State of I	egal domical	e NC
P	art I		Summar	у			
	'	1 1	Bnefly descr	the the organization's mission or most significant activities: The Organization	increases h	ousing	production
0	- 1	•	across N	orth Carolina by providing advocacy and education, train	ing, profess	ional	
auc	- 1	9	developm	ent, and resource and partnership development.			
n.							
Activities & Governance	- :			ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	its net assets		
ತ	- [-	3	Number of v	oting members of the governing body (Part VI, line 1a)	• • • • • • • • • • • • • • • • • • • •	3	15
es	'	4	Number of in	ndependent voting members of the governing body (Part VI, line 1b)	···· <u></u>	4	15
<u> </u>				r of individuals employed in calendar year 2014 (Part V, line 2a)	 	5	3
Act	- L			r of volunteers (estimate if necessary)	 	5	5
				ed business revenue from Part VIII, column (C), line 12	 	'a	0
_	+	b	Net unrelate	d business taxable income from Form 990-T, line 34		'b	0
		_			Prior Year		Current Year
•	- 1			s and grants (Part VIII, line 1h)	105,6		260,285
Ž			_	vice revenue (Part VIII, line 2g)	10,1		37,457
Revenue				ncome (Part VIII, column (A), lines 3, 4, and 7d)		8	(2,488)
œ				ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			214
	1			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,8	10	295,468
	1			I to or for members (Part IX, column (A), line 4)			0
	1			er compensation, employee benefits (Part_IX, column (AX/lines 5-10)	120.4	-	107.564
58				MAD 9 2 2016 191	138,4	23	107,564
Expenses	Ι.						
X	1			sing expenses (Part IX, column (D), line 25) = 16,875 ses (Part IX, column (A), lines 11a,11d,11f,24e)	71,6	76	107,761
•	1			es. Add lines 13-17 (must equal Part X7-column (A), fine 25)	210,0		215,325
	1		•	s expenses. Subtract line 18 from line 12	(94.2		80.143
	8	_			ginning of Current Ye		End of Year
ete.	Balances 2	0	Total assets	(Part X, line 16)	81,0		234,898
9	~ I ~	1	Total liabilitie	es (Part X, line 26)	3,1		76,872
_ \$	<u>5</u> 2	2	Net assets o	r fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·	77,8		158,026
Pá	art I		Signatu	re Block			
Unde	comer	alties 1 and	of penjury, I deci	are that I have examined this return, including accompanying schedules and statements, and to the best of my kno taration, of preparer (other than officer) is based on all information of which preparer has any knowledge	wledge and belief, it is	-	
		Ť	J Complete Dec	the found that the other is bessed on all another than the part has any thomselfe			
C :.		- 11		for I woney		3-0	8-2016
Sig	3n	- }{	Signatu	re of officer		Date	
He	re	- H	<u> </u>	JOHN TWOMEY SECRETARY BOARD OF DIRECTORS	·		
			Type or	print name and title			
_			Print/Type pri	Preparer's name Danes Mav K S. Danes, CPA, PLLC 13-07-2016	Check X d	PTIN	
Pa			Mark S	Danes Mark S. Vanes, CPA, PLLC 33-07-2016	self-employed	P0:	1321736
	epa		Firm's name		im's EIN 46-	10612	285
US	e O	nıy	Firm's addres		Phone no		
_		.= -	<u> </u>	Durham NC 27705	919	<u>-452-1</u>	
_		_		return with the preparer shown above? (see instructions)	• • • • • • • • •	<u>···</u>	X Yes No

Form	990 (2014) Habitat for Humanity of NC, Inc. 27-1296717 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Organization increases housing production across North Carolina by providing advocacy and
	education, training, professional development, and resource and partnership development.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	- -
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	and total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$165,138 including grants of \$) (Revenue \$37,457)
	Supported the mission and work of the North Carolina affiliates of Habitat for Humanity
	International through advocacy and public awareness, financing, funding raising and services
	to affiliates.
	,
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 165,138
EEA	Form 990 (2014)

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II 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, 5 Х 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 6 Х 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 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 Х debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 Х 11b 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 Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 14b 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 Χ 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? If "Yes," complete Schedule F, Parts III and IV Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form 990 (2014) EEA

L			w	T
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J	23		Х
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			ł
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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		x
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		X
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	ł	}	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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)	ļ	1	1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	,	Х
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	. 28b	i	х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	- 31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	}	!	1
	or IV, and Part V, line 1	- 34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Į .	[1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	(1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	t
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	(١.
	Part VI	. 37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		l	1
	19? Note. All Form 990 filers are required to complete Schedule O		X	
EEA		Form	990 (2014)

Form	990 (2014) Habitat for Humanity of NC, Inc. 27-12967	17	F	Page 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ì
	reportable gaming (gambling) winnings to prize winners?	1c	X_{\perp}	L
2a	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 2a 3			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	 -		\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ	İ	1
	account)?	. 4a	İ	Х
h	If "Yes," enter the name of the foreign country:		 -	 ^`
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ł		l
	(FBAR).	{	{	İ
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E	ĺ	X
5a		5a 5b		x
b	The any tendence party ready the dispersion of the appropriate tendence ten			 ^ -
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>	 	├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	 -	<u> </u>
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		1
_	gifts were not tax deductible?	- 6b	<u> </u>	├
7	Organizations that may receive deductible contributions under section 170(c).	İ	ļ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l _		
	and services provided to the payor?	7a	<u> </u>	X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	├	 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		
	required to file Form 8282?	. 7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	1	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	1	}
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.]	Ì
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	!	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	L	↓
10	Section 501(c)(7) organizations. Enter	ĺ	l	l .
а	Initiation fees and capital contributions included on Part VIII, line 12	1	ļ .	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities	ĺ		1
11	Section 501(c)(12) organizations. Enter	1)	
а	Gross income from members or shareholders	1	į	l
b	Gross income from other sources (Do not net amounts due or paid to other sources .	ł	ſ	ĺ
	against amounts due or received from them.)	1	}	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		<u>L</u> .
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L^{-}	L^-
	Note. See the instructions for additional information the organization must report on Schedule O.		1	Γ
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	1	١	1
C	Enter the amount of reserves on hand	1	l	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1
			000 /	2044

Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions								
	Check if Schedule O contains a response or note to any line in this Part VI		· · ·	X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	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								
ь	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		Х					
3	Did the organization delegate control over management duties customanly performed by or under the direct								
٠	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		$\frac{\hat{x}}{x}$					
		-		-^-					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х					
	one or more members of the governing body?	/a		├^-					
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_,		.,					
	stockholders, or persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			İ					
	the year by the following:								
a	The governing body?	· 8a	X	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			۱					
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	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?	10b	-,,-	 -					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u>	<u> </u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
p	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	 					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	Ì							
	describe in Schedule O how this was done	12c	X	.					
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by			ł					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X	L					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			}					
	with a taxable entity during the year?	16a		X					
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ŀ					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1					
	organization's exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)								
	available for public inspection Indicate how you made these available Check all that apply.								
	Own website								
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, address, and telephone number of the person who possesses the organization's books and records:								
	Robert Kelley (336)232-0143, PO Box 20968, Winston Salem, NC 27120								
		_							

Form 990 (20	14) Habitat for Humanity of NC, Inc.	27-1296717	Page '
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	pensated Employ	ees, and
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	$\overline{\dots \square}$
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
4a Complete	this table for all namens required to be listed. Penalt compensation for the calculativest ending with an with	hin the	

- 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, and 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 relati	ed organizatio	n com	pens	sated	d an	y curre	ent o	fficer, director, or t	rustee	
(A) Name and Title		box	unle:	Pos leck m ss per	rsonı	than one is both a	n	(D) Reportable compensation	(E) . Reportable compensation from	(F) Estmated amount of
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director				Highest compensated omployee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Robert Kelley Treasurer	10.00	Х		х				0	0	0
(2) Willam Cooke Chairman	10.00	Х		Х				0		0
(3) Bert Green Vice Chairman	10.00	X		X				0		0
(4) David Patterson Secretary	5.00	X		\^ X				0		0
(5) Tammy Lawrence Affiliate Representative	2.00	x		Î				0		0
(6) John Twomey Affiliate Representative	2.00_	X						0		0
(7) Bob Wilson At Large Member	2.00	Х						0	0	0
(8) Susan Lupton At Large Member	2.00	x_						0	0	0
(9) Richard M Forbis At Large Member	2.00_	Х						_ 0	0	o
(10)J.R. Williams At Large Member	2.00_	X_						0	o	0
(11)David Matthews At Large Member	2.00	х						0	0	0
(12)Bill Lifsey At Large Member	2.00	х						0	0	0
(13)Dawkins Hodges At Large Member	2.00	Х						0	0	0
(14)R. Mark Hensley At Large Member	2.00	Х						0	0	0
EEA	· · · · · ·									Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(C)													
(A)	(B) Position (D) (E)												
Name and title	(do not check more than one Average box, unless person is both an Reportable Reportable									Es	timated		
	hours per officer and a director/trustee) compensation compensation from										nount of other		
·	week (list any Page 1) the related hours for Page 2 Page 3												
•	related	물중	stitu	Officer	ey e	n lo	Former	organization	(W-2/1099-MISC)		pensation rom the		
	organizations	e e	충	7	형	99 g	*	(W-2/1099-MISC)			anızation d related		
	hours for related organizations organizations organizations organizations organizations organization organizations organizations organization (W-2/1099-MISC) organizations organization												
	hours for related organizations below dotted fine) hours for related organizations below dotted fine) hours for related organizations organizations organizations (W-2/1099-MISC)												
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(15)Beverly Grant-Turner	2.00			\neg	_		Н			T			
At Large Member	200	х						o	0	1	. 0		
(16)Christine Odom	40.00												
Executive Director				х				78,500	0		4,800		
(17)					_		П	, , , , , , , ,		1			
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(25)						1				1			
		لبا					Ц						
1b Sub-total · · · · · · · · · · · · · · · · · · ·							-						
c Total from continuation sheets to Part VII, Section		• • •					- 1			1			
d Total (add lines 1b and 1c) · · · · · · · ·								78,500		<u> </u>	4,800		
Total number of individuals (including but not limited	to those list	ed abo	ve) '	who	rec	eived (more	than \$100,000 of					
reportable compensation from the organization									0		T		
2 Did the executivities that are former offers don't											Yes No		
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	•					•		pensated			1.		
4 For any individual listed on line 1a, is the sum of rep										3	X		
organization and related organizations greater than		•					•						
Individual	=			•						4	х		
5 Did any person listed on line 1a receive or accrue of										-			
for services rendered to the organization? If "Yes," (•		•			-				5	X		
Section B. Independent Contractors	somplete ou	icadic	3 10	300	<u>ы р</u>	C13011				1	<u> </u>		
Complete this table for your five highest compensate	ed independ	ent co	ntrac	enote	tha	t recei	ved	more than \$100 00	00 of				
compensation from the organization. Report compe													
year.				,,,,	. , •.								
(A)								(8)			(C)		
Name and business address								Description of			ensation		
2 Total number of independent contractors (including			ose	liste	d al	bove)	who		T	_			
received more than \$100,000 of compensation from	the organiz	ation	<u> </u>										

Form 990 (2014) Habitat for Humanity of NC, Inc. 27-1296717 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Related or exempt function revenue Total revenue Revenue excluded from tax business under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns · · · · · · · · 1a Membership dues 1b Fundraising events 1c d Related organizations 1d 89,730 e Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 170,555 Noncash contributions included in lines 1a-1f \$ 39,680 Total. Add lines 1a-1f 260,285 **Business Code** Program Service Revenue 2a Camp Habitat 900099 37,457 37,457 f All other program service revenue g Total. Add lines 2a-2f 37,457 Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds ... > (i) Real (ii) Personal 6a Gross rents **b** Less rental expenses · · · · c Rental income or (loss) . . . (i) Secuntres (ii) Other 7a Gross amount from sales of assets other than inventory 37,192 b Less' cost or other basis and sales expenses 39,680 c Gain or (loss) (2,488) d Net gain or (loss) (2,488)(2,488)Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less, direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b c Net income or (loss) from sales of inventory 214 214 Miscellaneous Revenue **Business Code** 11a

295,468

37,671

(2,488)

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Program service expenses Fundraisino Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 Compensation of current officers, directors, 83,300 58,310 12,495 12,495 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 15,663 10,964 4,699 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 202 202 1,347 943 10 5,078 1,088 1,088 7,254 11 Fees for services (non-employees): Legal Accounting 7,417 7,417 Lobbying Professional fundraising services See Part IV, line 17 -Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 10,083 14,404 4,321 12 367 1,835 1,101 367 13 12,677 10,141 1,268 1,268 14 Information technology 226 158 34 34 15 16 714 7,138 5,710 714 17 4,945 4,945 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 46,294 46,294 20 21 2,000 2,000 22 Depreciation, depletion, and amortization 752 526 113 113 23 Insurance 2,239 1,567 336 336 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.) Training expenses 4,962 4,962 Membership expenses 1,580 1,580 C d A All other expenses 1,292 776 258 258 Total functional expenses. Add lines 1 through 24e 25 215,325 165,138 33,312 16,875 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 following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 2 2. 78,508 212,110 3 3 18,000 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 6 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Assets 8 9 9 Prepaid expenses and deferred charges 300 300 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 5,277 Less accumulated depreciation 10b 2,203 10c 4,488 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 234,898 81,011 17 17 3,128 5,112 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 71,760 26 26 3,128 76,872 Organizations that follow SFAS 117 (ASC 958), check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 77,883 158,026 28 28 29 29 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 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 77,883 33 158,026 Total liabilities and net assets/fund balances 81,011 34 234,898

Form	990 (2014) Habitat for Humanity of NC, Inc. 27-1296717		Pa	ge 1 2
Pai	t XI Reconciliation of Net Assets			
	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)	2	95,4	68
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,3	325
3	Revenue less expenses Subtract line 2 from line 1		80,1	43
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		77,8	883
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Pnor penod adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	1	58,0	26
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		• • •	Ш.
			Yes	No
1	Accounting method used to prepare the Form 990.			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			l
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			l
	separate basis, consolidated basis, or both			•
_	X Separate basis			ł
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		.,	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	├
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			Ì
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ja	the Single Audit Act and OMB Circular A-133?	3a	İ	Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	38		 ^-
,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA	rogenee door of dearly, explain mit in occitable o and describe any steps taken to undergo such abouts		990 (2014)
		. 0,,,,,	222 (

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

iame	of the	organization					Employer identific	ation number					
lab	ita	t; for Humanity of NC, Inc					27-12967						
Pa	rt I	Reason for Public Charity	Status (All or	rganizations must o	omplete	this par	t.) See instruction	าร					
The	orgar	nization is not a private foundation beca	ause it is: (For line:	s 1 through 11, check on	ly one box.)							
1		A church, convention of churches, or a	association of chur	rches described in section	on 170(b)(1	I)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization open	ated in conjunction	n with a hospital describe	d in sectio	n 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state.											
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	overnmen	tal unit described in						
		section 170(b)(1)(A)(iv). (Complete Part II)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives	s a substantial part	t of its support from a gov	vernmental	unit or fro	m the general public						
		described in section 170(b)(1)(A)(vi).	. (Complete Part II.	.)									
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II)									
9		An organization that normally receives	s (1) more than 33	3 1/3% of its support from	ontributi	ons, memi	bership fees, and gro	ss					
		receipts from activities related to its ex	xempt functions - s	subject to certain exception	ons, and (2) no more	than 33 1/3% of its						
		support from gross investment income	e and unrelated bu	isiness taxable income (li	ess section	1 511 tax)	from businesses						
		acquired by the organization after Jun	ie 30, 1975 See si	ection 509(a)(2). (Comp	lete Part III	.)							
10		An organization organized and operat	ted exclusively to to	est for public safety. See	section 5	09(a)(4).							
11		An organization organized and operat	ted exclusively for	the benefit of, to perform	the function	ons of, or t	o carry out the purpos	ses of					
		one or more publicly supported organ	zations described	in section 509(a)(1) or s	ection 50	9(a)(2) Se	e section 509(a)(3).	Check					
		the box in lines 11a through 11d that of	describes the type	of supporting organizatio	n and com	plete lines	11e, 11f, and 11g.						
	а	Type I. A supporting organization	operated, supervi	sed, or controlled by its s	supported o	organizatio	n(s), typically by givir	ıg					
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the di	rectors or	trustees of the suppo	rting					
		organization. You must complete	e Part IV, Section	s A and B.									
	b	Type II. A supporting organization	supervised or cor	ntrolled in connection with	h its suppo	rted organ	nization(s), by having						
		control or management of the sup	porting organization	on vested in the same pe	rsons that	control or	manage the supporte	ed					
		organization(s) You must compl	lete Part IV, Section	ons A and C.									
	C	Type III functionally integrated.	A supporting organ	nization operated in conf	nection with	n, and fund	ctionally integrated wi	lh,					
		its supported organization(s) (see	instructions) You	must complete Part IV	, Sections	A, D, and	i E.						
	đ	Type III non-functionally integra	ated. A supporting	organization operated in	connection	n with its s	supported organization	n(s)					
		that is not functionally integrated.	The organization of	generally must satisfy a d	listnbution	requireme	nt and an attentivene	ss					
		requirement (see instructions). You	ou must complete	Part IV, Sections A and	d D, and P	art V.							
	e	Check this box if the organization	received a written	determination from the I	RS that it is	s a Type I,	Type II, Type III						
		functionally integrated, or Type III	non-functionally in	itegrated supporting orga	inizațion								
	f	Enter the number of supported organi	izations · · · ·					[
	g	Provide the following information about	ut the supported or	rganization(s)									
	()	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganızation	(v) Amount of monetary	(vi) Amount o					
				(described on lines 1-9 above or IRC section	listed in you docum		support (see instructions)	other support (: instructions					
				(see instructions))			,		•				
					Yes	No		i —					
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990 or 990-EZ) 2014 Habitat for Humanity of NC, Inc. 27-1296717
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.)

350	don A. Fublic Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	133,000	289,351	218,218	105,697	260,285	1,006,551
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	133,000	289,351	218,218	105,697	260,285	1,006,551
5	The portion of total contributions by		-				
	each person (other than a						
	governmental unit or publicty	Ì					
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						33,532
6	Public support. Subtract line 5 from line 4 · ·			<u> </u>		<u>l</u>	973,019
	tion B. Total Support	4-) 2040	(5) 2044	4.1.0040	(4) 2040	(-) 2014	4D Total
	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4	133,000	289,351	218,218	105,697	260,285	1,006,551
	rents, royalties and income from similar sources			90	8		98
9	Net income from unrelated business activities, whether or not the business is regularly carried on						•
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				10,104	214	10,318
11	Total support. Add lines 7 through 10						1,016,967
12	Gross receipts from related activities, etc. (s	see instructions)				12	92,117
13 Sec	First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su		<u> </u>				
14	Public support percentage for 2014 (line 6,			(f))		14	95.68 %
15	Public support percentage from 2013 Scheo		-			15	%
16a	33 1/3% support test - 2014. If the organization	ation did not check	the box on line 13	, and line 14 is 33 1	/3% or more, ched	k this	
	box and stop here. The organization qualifie	es as a publicly sup	ported organization	on	<i></i> .		▶ 🛛
þ	33 1/3% support test - 2013. If the organization	ation did not check	a box on line 13 o	r 16a, and line 15 is	s 33 1/3% or more	i	
	check this box and stop here. The organiza	ition qualifies as a j	oublidy supported	organization	<i></i>		▶ 🔲
17a	10%-facts-and-circumstances test - 2014	-					
	10% or more, and if the organization meets	the "facts-and-circu	ımstances" test, d	heck this box and s	top here. Explain	in	
	Part VI how the organization meets the "fact		-	•			
	organization						▶ 🔲
Ь	10%-facts-and-circumstances test - 2013	. If the organization	did not check a b	ox on line 13, 16a,	16b, or 17a, and h	ne	
	15 is 10% or more, and if the organization n			•	•		
	Explain in Part VI how the organization mee						. =
	supported organization						▶ ∐
18	Private foundation. If the organization did			• •			
	instructions	· · · · · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	• • • • •

Schedule A (Form 990 or 990-EZ) 2014

Part III Support Sc 890 or 990-EZ) 2014 Habitat for Humanity of NC, Inc.
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.)

(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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		<u></u> .	<u></u> .	- 16	
ent Income P	ercentage				
10c, column (f)	divided by line 13,	column (f)) · ·		- 17	
chedule A, Part II	I, line 17			18	
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					▶ Г
-	_	•		-	▶ ែ
	ganization's first, upport Perce column (f) divided ule A, Part III, line ent Income P e 10c, column (f) chedule A, Part III cation did not che and stop here. It	ganization's first, second, third, four upport Percentage column (f) divided by line 13, column ule A, Part III, line 15	ganization's first, second, third, fourth, or fifth tax year upport Percentage olum (f) divided by line 13, column (f)) the A Part III, line 15 ont Income Percentage checklight of the line 13, column (f) on the line 15 is not and stop here. The organization qualifies as a public that old in ot check a box on line 14 or line 19a, and line to the challon did not check a box on line 14 or line 19a, and line to the challon did not check a box on line 14 or line 19a, and line box and stop here. The organization qualifies as a public that on the line 19a, and line box and stop here. The organization qualifies as a public that on the line 19a, and line box and stop here. The organization qualifies as a public that on the line 19a, and line box and stop here. The organization qualifies as a public that on the line 19a, and line box and stop here. The organization qualifies as a public that the line 19a, and line box and stop here.	ganization's first, second, third, fourth, or fifth tax year as a section 501(c upport Percentage olumn (f) divided by line 13, column (f)) ute A, Part III, line 15 in tincome Percentage olumn (f) divided by line 13, column (f) the A, Part III, line 15 in tincome Percentage olumn (f) divided by line 13, column (f) the A, Part III, line 15 in tincome Percentage olumn (f) divided by line 13, column (f) chedule A, Part III, site of the total check the box on line 14, and line 15 is more than 33 1/3%, and stop here. The organization qualifies as a publicly supported organization did not check a box on line 14 or line 19a, and line 16 is more than box and stop here. The organization qualifies as a publicly supported organization did not check a box on line 14 or line 19a, and line 16 is more than box and stop here. The organization qualifies as a publicly supported organization did not check a box on line 14 or line 19a, and line 16 is more than box and stop here. The organization qualifies as a publicly supported organization did not check a box on line 14 or line 19a, and line 16 is more than box and stop here. The organization qualifies as a publicly supported organization organization qualifies as a publicly supported organization organization qualifies as a publicly supported organization organization qualifies as a publicly supported organization organization qualifies as a publicly supported organization did not check a box on line 14 organization qualifies as a publicly supported organization did not check a box on line 14 organization qualifies as a publicly supported organization qualifies as a publicly supported organization did not check a box on line 14 organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a	ganuzation's first, second, third, fourth, or fifth tax year as a section 501(c)(3) upport Percentage solumn (f) divided by line 13, column (f)) ule A, Part III, line 15 int Income Percentage 10c, column (f) divided by line 13, column (f)) 15 unit Income Percentage 10c, column (f) divided by line 13, column (f)) 17

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ▶ Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.

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

Section,501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

•	(see separate instructions), then Section 501(c)(4), (5), or (6) organizations	Complete Part III	•		
	e of organization	Complete Fait III.		Employer	identification number
	bitat for Humanity of NC, I	~~		27-129	
		ization is exempt under secti	on 501(c) or i		
1	Provide a description of the organization's			<u> </u>	
2	Political expenditures	, , ,		 .	
3	Volunteer hours				
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incum	ed by the organization under section 49	55	▶ \$	
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 4955				
4a	Was a correction made?				· · 🗌 Yes 🔲 No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	cept section 501(c)(3).
1	Enter the amount directly expended by th	e filing organization for section 527 exe	mpt function		
	activities	<i> </i>		. <i>.</i> > \$	
2	Enter the amount of the filing organization	n's funds contributed to other organization	ons for section		
	527 exempt function activities · · · · ·			> \$	
3	Total exempt function expenditures. Add I	ines 1 and 2. Enter here and on Form 1	120-POL,		
	line 17b			> \$	
4	Did the filing organization file Form 1120-	POL for this year?			· Yes No
5	Enter the names, addresses and employe				
	organization made payments. For each or	rganization listed, enter the amount paid	from the filing org	anization's funds. Also ent	er
	the amount of political contributions received	ved that were promptly and directly deliv	ered to a separate	political organization, suc	h
	as a separate segregated fund or a politic		•	•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			1	funds. If none, enter -0	promptly and directly
				1	delivered to a separate political organization. If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
		i e	l		1

	dule C (Form 990 or 990-EZ) 2014 Habitat for	Humanıty of N	C, Inc.		27-12967	17 Page 2
Pa	ort II-A Complete if the organization	on is exempt ur	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction under
	section 501(h)).		 			
A	Check Lifthe filing organization belongs to	= :			ember's	
	. name, address, EIN, expenses, a			•		
<u>B</u>	Check L if the filing organization checked t	oox A and "limited co	ntrol" provisions app	ły.		
	•	bying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures" (means amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public of	pinion (grass roots l	obbying) · · · ·			
b	total induffing origination to a minoritor a region	• •				
C	Total lobbying expenditures (add lines 1a and 1b					
d	and the purpose any and any		• • • • • • • • •			
0	Total exempt purpose expenditures (add lines 1	c and 1d) · · · ·		• • • • • • • •		
f	Lobbying nontaxable amount Enter the amount	from the following ta	able in both			
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:]	
	Not over \$500,000	20% of the am	ount on line 1e.		Į į	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	ver \$500,000	i	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	ver \$1,000,000.	[
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	rer \$1,500,000	!	
	Over \$17,000,000	\$1,000,000	<u> </u>			
g	Grassroots nontaxable amount (enter 25% of lin	ie 1f)	• • • • • • • • • •	• • • • • • • • •		
h			• • • • • • • • • •	• • • • • • • •		
i	Subtract line 1f from line 1c. If zero or less, ente				L	
1	If there is an amount other than zero on either li	•	•			
	reporting section 4911 tax for this year?		<u></u>	<u> </u>	<u> </u>	∐ Yes ∐ No
		4-Year Averagin	ng Period Under	section 501(h)		
	(Some organizations that made a s	ection 501(h) ele	ection do not hav	e to complete all	of the five column	s below.
	Se	e the separate in	structions for lin	es 2a through 2f	.)	
	Labb	wing Evpanditums	During 4-Year Aver	oring Doring		
_	EODI	ying Expenditures	During 4-18ar Aven	aging Period		
	Calendar year (or fiscal year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
	beginning in)		į	,	}	
			 			
2a	Lobbying nontaxable amount				İ	
b	Lobbying ceiling amount					
U	(150% of line 2a, column (e))]	
	Total lobbying expenditures				<u> </u>	
_d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

EEA

	(election under section 501(h)).	(a)		(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Aı	nouni	t .
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of		1			
a	Volunteers?		Х			
b		X				
C	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		X			
0	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g		X			5	,831
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?		Х			
j	Total Add lines 1c through 1i				5	<u>,831</u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912			L		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	/E\	الما	ection		
Pai	$\frac{\text{Complete if the organization is exempt under section 501(c)(4), section 501(c)}{501(c)(6)}$.	(3),	01 51	ecuon		
	00 1(0)(0)				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		\Box
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political expenditures from the pnor year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5),	or se			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF	₹ (b) Par	t III-A,	line	3, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members	• •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
b	Carryover from last year		2b			
C	Total · · · · · · · · · · · · · · · · · · ·		2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3			
4]			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
_	t IV Supplemental Information	<u>:</u>	1 3			
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, line instructions), and Part II-B, line 1. Also, complete this part for any additional information	es 1	and	, , , -		
	•					
						

Schedule C (Form 990 or 990-EZ) 2014

Page 3

Schedule C (Form 990 or 990-EZ) 2014 Habitat for Humanity of NC, Inc.

EEA

SCHEDULE D (Form 990)

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.

2014

	ment of the Treasury	► Information about Schedule D	(Form 990) and it	s instructions is at www.irs	s.gov/form990.	Inspection
	of the organization	<u> </u>			Employer identifi	
Hab	itat for	Humanity of NC, Inc	c.		27-129	6717
Pai		tions Maintaining Donor Advis		her Similar Funds or Ac		
		if the organization answered "Ye				
			1	nor advised funds	(b) Funds and (other accounts
1	Total number at er	nd of year				
2		of contributions to (during year) -				
3	Aggregate value o	of grants from (during year)				
4		at end of year				
5		on inform all donors and donor advisor	rs in writing that the	assets held in donor adviser	d	
	-	inization's property, subject to the orga	=			· · · Yes No
6		on inform all grantees, donors, and do				
	-	purposes and not for the benefit of the		•		
	conferring imperm	issible private benefit?				· · · · 🗌 Yes 🔲 No
Pai	rt II Conser	vation Easements.				
	Complete	e if the organization answered "Y	es" to Form 990,	Part IV, line 7.		
1	Purpose(s) of con-	servation easements held by the orga	nızatıon (check all t	hat apply)		
	Preservation of	of land for public use (e.g., recreation	or education)	Preservation of a histor	ncally important land a	rea
	Protection of r	natural habitat		Preservation of a certif	ied historic structure	
	Preservation of	of open space				
2	Complete lines 2a	through 2d if the organization held a	qualified conservati	on contribution in the form of	a conservation	
	easement on the la	ast day of the tax year			Held at t	he End of the Tax Year
a	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
C	Number of conser	vation easements on a certified histor	nc structure included	in (a)	2c	
d	Number of conser	vation easements included in (c) acqu	uired after 8/17/06, a	and not on a		
	historic structure li	sted in the National Register			2d	
3	Number of conser	vation easements modified, transferre	ed, released, extingi	uished, or terminated by the o	organization during the	·
	tax year ▶					
4	Number of states v	where property subject to conservation	n easement is locat	ed •		
5	Does the organiza	ition have a written policy regarding th	e penodic monitorir	ng, inspection, handling of		
	violations, and enf	forcement of the conservation easeme	ents it holds?	· · · · · · · · · · · · · · · ·		· · · 🔲 Yes 🔲 No
6	Staff and voluntee	r hours devoted to monitoring, inspec	ting, and enforcing	conservation easements dur	ing the year	
	-					
7	Amount of expens	ses incurred in monitoring, inspecting,	and enforcing cons	ervation easements during the	ne year	
	► s					
8	Does each conser	vation easement reported on line 2(d)	above satisfy the r	equirements of section 170()	h)(4)(B)(i)	
)(4)(B)(ii)?				· · · · L Yes L No
9		be how the organization reports conse				
		d include, if applicable, the text of the	footnote to the orga	inization's financial statemen	ts that describes the	
(Da.		ounting for conservation easements	45 a a a 6 A a 4 1 1 1		01 0 1 1	
Pai		izations Maintaining Collect			r Otner Similar A	ssets.
		ete if the organization answered "			 	
1a		elected, as permitted under SFAS 11	•	-		
		rical treasures, or other similar assets				
	· .	wide, in Part XIII, the text of the footno				
b	•	elected, as permitted under SFAS 11	•			
		rical treasures, or other similar assets	<u>-</u>	bition, education, or research	u in universance of	
	•	ovide the following amounts relating to			. .	
	• •	uded in Form 990, Part VIII, line 1				
•	• •	ed in Form 990, Part X				
2	•	received or held works of art, historic	•		gain, provide the	
_	•	required to be reported under SFAS	, ,	•	L -	
a		In Form 990, Part VIII, line 1				
_ <u>b</u>	Assets included in	Form 990, Part X	· · · · · · · · ·	<u> </u>		

	ute D (Form 990) 2014 Habitat for Huma						27-129		Page 2
Par	rt III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures,	or Oth	er Similar As	sets (cor	itinued)
3	Using the organization's acquisition, accession, a	and other records, c	neck any o	f the follow	ving that are	a signific	ant use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🔲 Loar	or exchar	nge progra	ıms				
b	Scholarly research	e 🔲 Othe	er						
c	Preservation for future generations								
4	Provide a description of the organization's collect	tions and explain ho	w they furt	her the or	anization's e	exempt p	urpose in Part		
	XIII.	•	•				•		
5	During the year, did the organization solicit or rec	eive donations of ar	t. historica) treasures	s, or other sir	nılar			
	assets to be sold to raise funds rather than to be							П үе	s No
Par	rt IV Escrow and Custodial Arrang								
	Complete if the organization and		Form 9	90. Part	IV. line 9.	or rep	orted an amo	unt on Fo	m
	990, Part X, line 21.			,·	,				
1a	Is the organization an agent, trustee, custodian o	or other intermedian	for contrib	utions or o	other assets	not			
								TY	s No
ь	If "Yes," explain the arrangement in Part XIII and								U.10
	" res, explain the arrangement in rait Am and	complete the follows	ing table.				T	nount -	
	Beginning balance					1c		noun	
c d									
	riddidding und your	<i>.</i>				10			
e f	Distributions during the year					1f			
²a	Did the organization include an amount on Form							TY	es No
									=
	If "Yes," explain the arrangement in Part XIII Chert V Endowment Funds.	eck nere ii die expla	nauon nas	been prov	noeu in Pan	A III			··· <u>·</u>
- ai	Complete if the organization and	swered "Vee" to	Form 0	an Dart	IV line 10	1			
	Complete if the organization and								
4-	Decrease of week belows	(a) Current year	(b) Pno	or year	(c) Two years	s back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and					1		Ì	
	losses								
đ	Grants or scholarships								
Ð	Other expenditures for facilities and							İ	
_	programs								
f	Administrative expenses								
g	End of year balance			4 11 1	<u> </u>				
2	Provide the estimated percentage of the current	·	ne 1g, coli	ımn (a)) he	eld as.				
a	Board designated or quasi-endowment	%							
Ь	Permanent endowment %								
С	Temporanly restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should e	· ·							
3a	Are there endowment funds not in the possession	n of the organization	that are h	eld and a	dministered f	or the	-	r	
	organization by								Yes No
	(i) unrelated organizations					· · · ·		· · 3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations list				• • • • • •			· · 3b	
4	Describe in Part XIII the intended uses of the org		ent funds.						
Pai	rt VI Land, Buildings, and Equipme			00 0-4	N / E = - 44		. F 000 F		40
	Complete if the organization an	swered res to	Form 9			a. See	Form 990, P	an X, line	10.
	Description of property	(a) Cost or othe			r other basis		Accumulated	(d) Book	vatue
		(investme	ent)	(other)	0	epreciation		
1a	Land	• • •							
ь	Buildings	``}		ļ					
C	Leasehold improvements	···							
d	Equipment	• • • • • • • • • • • • • • • • • • • •			5,277	ļ	789		4,488
_ө	Other	<u>···</u>		<u> </u>		L			
Total	 Add lines 1a through 1e. (Column (d) must equal 	al Form 990, Part X,	column (B	l), line 10c	<u>.) </u>		🕨		4,488

	(a) Description of security or category	(b) Book value	t IV, line 11b. See Form 990, Part X, line 12.
	(including name of security)	(b) Book value	Cost or end-of-year market value
i) Financial d	erivatives		
?) Closely-he	ld equity interests	• • •	
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	 		
(G)		 	
(H)			
Part VIII	inust equal Form 990, Part X, col. (B) line 12) Investments - Program Relate Complete if the organization ans	ed.	rt IV, line 11c See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			
(9) otal. (Column (b)) must equal Form 990, Part X, col (B) line 13)	>	
(9) otal. (Column (b)	Other Assets.		rt IV, line 11d. See Form 990, Part X, line 15.
(9) otal. (Column (b) Part IX	Other Assets.		rt IV, line 11d. See Form 990, Part X, line 15.
(9) otal. (Column (b) Part IX	Other Assets.	swered "Yes" to Form 990, Pa	
(9) Part IX (1) (2)	Other Assets.	swered "Yes" to Form 990, Pa	
(9) btal. (Column (b) Part IX (1) (2) (3)	Other Assets.	swered "Yes" to Form 990, Pa	
(9) part IX (1) (2) (3) (4)	Other Assets.	swered "Yes" to Form 990, Pa	
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5)	Other Assets.	swered "Yes" to Form 990, Pa	
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	swered "Yes" to Form 990, Pa	
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	swered "Yes" to Form 990, Pa	
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	swered "Yes" to Form 990, Pa	
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization ans	swered "Yes" to Form 990, Pa	
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization ans n (b) must equal Form 990, Part X, col. (B) Other Liabilities.	swered "Yes" to Form 990, Pa (a) Description	(b) Book value
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column Part X	Other Assets. Complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and line 25.	swered "Yes" to Form 990, Pa (a) Description	(b) Book value
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization ans n (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" to Form 990, Pa (a) Description	(b) Book value
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal	Other Assets. Complete if the organization ans n (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of Liability income taxes	swered "Yes" to Form 990, Pa (a) Description line 15.) swered "Yes" to Form 990, Pa	(b) Book value
(9) otal. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) Agence	Other Assets. Complete if the organization ans n (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" to Form 990, Pa (a) Description	(b) Book value
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	ume D (Form 990) 2014 Habitat for Humanity of NC, Inc.	27-1296717	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	295,468
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	7	
С	Recoveries of prior year grants	7	
ď	Other (Describe in Part XIII.)	7	
е	Add lines 2a through 2d	- 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	295,468
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		233,400
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
b	Other (Describe in Part XIII)		
-	Add lines 4a and 4b	- 1	
c		· 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		295,468
Га		s per Keturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	· 1	215,325
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
þ	Pnor year adjustments	_	
C	Other losses · · · · · · · · · · · · · · · · · ·		
đ	Other (Describe in Part XIII)		
0	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	· 2e	
3	Subtract line 2e from line 1	. 3	215,325
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	1 1	
b	Other (Describe in Part XIII)	7 1	
С	Add lines 4a and 4b	- 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	215,325
Pa	rt XIII Supplemental Information.		
Prov	ide 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	
	irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	·	
			
		, , , .	·
			
			
			- ~ -

Schedulo D (Form 990) 2014

EEA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number Habitat for Humanity of NC, Inc.

Part | Types of Property 27-1296717

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

Art - Works of art			(a)	(b)	(c) Noncash contribution	•	d)		
Art - Norks of art			Check if	Number of contributions or		Method of	detem	ninıng	
Art - Historical treasures			applicable	items contributed		noncash contr	ibution	amou	ints
3 AL Firschonal interests 4 Books and publications 5 Clothing and household goods 4 Books and publications 4 Books and publications 5 Clothing and household goods 5 Clothing and household goods 6 Cars and other vehicles 6 Cars and other vehicles 7 Boots and planes 9 Intellectual property 9 Securities - Publicy Iraded 7 X 2 39,680 fair value 8 Securities - Closely held stock 4 Securities - Closely held stock 4 Securities - Closely held stock 4 Securities - Closely held stock 4 Securities - Closely held stock 4 Securities - Closely held stock 4 Securities - Closely held stock 4 Securities - Closely held stock 4 Securities - Closely held stock 5 Securities - Closely held stock 5 Securities - Closely held stock 6 Securities - Closely held stock 6 Securities - Closely held stock 7 Securities - Closely held stock 6 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 7 Securities - Closely held stock 8 S	1	Art - Works of art							
Books and publications . 5 Colorling and household goods	2	Art - Historical treasures							
5 Claring and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 7 X 2 39,680 Fair value 9 Securities - Publicly traded 7 X 2 39,680 Fair value 9 Securities - Publicly traded 9 Securities - Publicly traded 9 Securities - Publicly traded 9 Securities - Publicly traded 9 Securities - Publicly traded 9 Securities - Publicly traded 9 Securities - Publicly traded 9 Securities - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Publicly traded 9 Securities - State - Pu	3	Art - Fractional interests							
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9 Securities - Publicly traded. X 2 39,680 fair value 10 Securities - Calesh held stock	7	Boats and planes							
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10 Securities - Closely held stock	9	Securities - Publicly traded	х	2	39,680	fair value			
or trust interests Sccurities - Miscellaneous Qualified conservation contribution - Histonc structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxdermy 22 Histoncal artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►() 26 Other ►() 27 Other ►() 28 Other ►() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 28 Other ►() 29 Number of Forms 8283 received by the organization arry property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 13 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32b If "Yes," describe in Part II. 31 If the organization find not report an amount in column (c) for a type of property for which column (a) is checked,	10								
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13 Qualified conservation contribution - Historic structures		or trust interests	ļ						
contribution - Histonc structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 29 Drugs and medical supplies 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 22 Histonical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other > ()) 27 Other > ()) 28 Other > ()) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Oung the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28 29 Lines 1 through 29 No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 29 Lines 1 through 20 Lines 1 through 20 Lines 2 Contributions 2 20 Lines 3 Contributions 2 21 Taxing 3 Contribution 3 22 Lines 1 through 23 Does the organization have a gift acceptance policy that requires the review of any non-standard 20 Lines 2 Contributions 3 21 Lines 2 Contribution 3 22 Lines 3 Contribution 3 23 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 23 Lift 6 contributions 3 24 Lift 6 contribution 3 25 Lift 6 contribution 3 26 Lift 6 contribution 3 27 Lift 6 contribution 4 28 Lift 6 contribution 5 29 Lift 6 contribution 5 20 Lift 6 contribution 6 21 Lift 6 contribution 6 lift 6 contribution 6 22 Lift 6 contribution 6 23 Lift 6 contribution 6 lift 6 contribution 6 24 Lift 6 contribution 6 lift 6 contribution 6 25 Lift 6 contribution 6 lift 6 contribution 6 26 Lift 6 contribution 6 lift 6 contribution 6 27 Lift 6 contribution 6 lift 6 contribution 6 28 Lift 6 contribution 6 lift 6 contribution 6 29 Lift 6 contribution 6 li	12	Securities - Miscellaneous · · ·							
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14 Qualified conservation contribution - Other		contribution - Historic]						
14 Qualified conservation contribution - Other									
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15 Real estate - Commercial	•		l						
Real estate - Commercial	15			 					
17 Real estate - Other				 					
18 Collectbles									
19 Food inventory									
Drugs and medical supplies									
21 Taxidermy									
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	Emp	oloyer identification number
Habitat:for Humanity of NC, Inc.	27-	1296717
01. Form 990 governing body review (Part VI, line 1	1)	
The Form 990 is provided to the Board of Directors and approved by t	he Treasur	er or
Executive Director prior to filing.		
02. Conflict of interest policy compliance (Part VI	, line 1	.2c)
The Organization regularly and consistently monitors and enforces co	mpliance w	ith its
written conflict of interest policy by annually requiring signed sta	tements fr	om its
directors, principal officer and committee members to affirm complia	nce with i	ts policy.
03. CEO, executive director, top management comp (P	art VI,	line 15a)
The compensation of the Executive Director is evaluated annually by	the Board	of Directors
and is based upon the funds available.		
All other employees' compensation is reviewed by the Executive Direct	tor and an	nroyed by
	tor and ap	proved by
the Board of Directors.		
04. Governing documents, etc, available to public (Part VI,	line 19)
The Organization makes its financial statements, governing documents	and confl	ict of
interest policy available to the general public upon request.		
05. General explanation attachment		
The Executive Director and the Board of Directors assume responsibil	ity for th	e oversight
of the audit. This process has not changed during the year.		