2949304706113

Return of Organization Exempt From Income Tax

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

2017

Open to Public

Form 990 (2017)

OMB No 1545-0047

990

Form

Do not enter social security numbers on this form as it may be made public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01 , 2017, and ending 06 - 30. 2018 Employer identification no C Name of organization Habitat for Humanity of NC, Check if applicable Inc 27-1296717 Address change Doing business as Room/suite Name change Number and street (or PO box if mail is not delivered to street address) Telephone number 1053 E Whitaker Mill Road Suite 115 (919) 258-8685 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Raleigh, NC 27604 1.034.672 Amended return X No Greg Kirkpatrick H(a) is this a group return for subordinates? Yes Application pending Name and address of principal officer H(b) Are all subordinates included? Same as C above 501(c)(3) 501(c) () 4 (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) Tax-exempt status habitatnc.org Website > Group exemption number Corporation Trust Association L Year of formation 2011 M State of legal dom:cite Form of organization Summary [Part] Briefly describe the organization's mission or most significant activities The Organization increases housing production across North Carolina by providing advocacy and education, training, professional Governance development, and resource and partnership development Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 23 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 23 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 4 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 540,095 423,705 Program service revenue (Part VIII, line 2g) ิัง 17.666 562,106 Investment income (Part VIII, column (A), line 4 4, and 70 1 9- 9910 10 (915)Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 11 50 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), 984,896 12 557,818 Grants and similar amounts paid (Part IX, column (A), in 1991 13 1,200 1,500 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 241,257 236,171 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 180,648 726,202 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 423,105 963,873 Revenue less expenses Subtract line 18 from line 12 19 134,713 21,023 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 560,852 545,910 21 Total liabilities (Part X, line 26) 49,382 13,417 22 Net assets or fund balances Subtract line 21 from line 20 511,470 532,493 Partilli Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is bration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ignature of office Неге Type or print name and Date X Print/Type preparer's name if Mark Danes Paid self-employed Mark Danes D2-03-2019 P01321736 Preparer Mark S Danes CPA PLLC Firm's EIN • 46-1061285 Firm's name **Use Only** Phone no Firm's address P.O. Box 61097 Durham NC 27715 May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2017) Habitat for Humanity of NC, Inc. 27-1296717 Page 2
Pa	rt 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.
	Contraction, Comments, and Tobal Comments, and
2	Did the organization undertake any significant program services during the year which were not listed on the
2	pnor 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?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 864,565 including grants of \$) (Revenue \$ 562,106)
	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.
	to attitiates.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 864,565

nge 3

Checklist of Required Schedules Part IV Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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 98-192 If "Yes," complete Schedule C. 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If 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 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a 9 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 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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," 11a Х 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 Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 11c Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 114 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 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 16 Χ 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 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х

27-1296717

Part IV Checklist of Required Schedules (continued) Yes No Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 Х 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х 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 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) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 34 35a Х 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O 38 Х

Form 990 (2017)

Habitat for Humanity of NC, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>	Check if Schedule O contains a response or acts to applying in this Boat V			
	Check if Schedule O contains a response or note to any line in this Part V	 -		<u> </u>
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	İ	- 1	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	ŀ		
С	reportable gaming (gambling) winnings to prize winners?	1c	$\overline{\mathbf{x}}$	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u>^</u>	
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	l	1	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$\overline{\mathbf{x}}$	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-20		
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a _	, , , , , , , , , , , , , , , , , , , ,	3b		
b 1-	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	-30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ĺ	ı	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		v
	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	- 1		
_	(FBAR)	 -		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		.,
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	-	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			لـــــا
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			لـــــا
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · 10a			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	j		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA		Form	990 (2	2017)

Form 990 (2017) Habitat for Humanity of NC, Inc. 27-1296717

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Form 990 (2017)

	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		· · ·	<u> </u>
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	۱. ا		e e
	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 1b 23	<u></u> :		
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			
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	X	
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			l
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			L.::
	The control of the decision of equation and the production of the control of the		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		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	••	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		**	
Ū	describe in Schedule O how this was done	12c	Х	
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	<u> </u>		
	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	
b	Other officers or key employees of the organization	15b	4.	х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		1
16a				.
100	with a taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<u> </u>
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X
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)			
10	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Don request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
19	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:			
20		604		
	Greg Kirkpatrick (919)258-8685, 1053 E Whitaker Mill Road Suite 115, Raleigh, NC 27	0V4		

Form 990 (201		27-1296717 Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employe	es, Highest Compensated Employees, an
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 relate	l Organizatio	T Willi	pens			y carre	,,,,,	moor, director, er t	1 03100	
					C)					
(A)	(8)	(do r	not ch		ition	han one		(D)	(E)	(F)
Name and Title	Average					s both a		Reportable	Reportable	Estimated
	hours per week (list any	offic	er an	d a du	recto	rftrustee))	compensation from	compensation from related	amount of other
	hours for						_	the	organizations	compensation
	related	or di	Inst	Officer	₹	en en	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	Individual trustee or director	Institutional trustee	ğ	Key employee	Highest compensated employee	g	(W-2/1099-MISC)	ļ	and related
	line)	ž	181		loye	9 9				organizations
		stee	uste			ens			1	
			•			ated				
(1) Bob Wilson	10.00							-		
Vice Chair		Х		Х				0	0	0
(2) Willam Cooke	2.00									
At Large Member	ļ	Х	Ш			\sqcup	\sqcup	0	0	0
(3) Dick Forbis	10.00									
Chair		Х	Ш	X			L,	0	0	0
(4) Matt Cooksey	2.00									
Affiliate Representative	ļ	X	_				Ш	. 0	0	0
(5) Catherine (Kit) Rains	2.00							1		
Affiliate Representative		Х	<u> </u>					0	0	0
(6) Alex Hooker	2.00									
Affiliate Representative		Х	ļ	Ш					0	0
(7) Rusty Lindsey	2.00									
At Large Member		X				<u> </u>		0	0	0
(8) Mike Williams	2.00	l				-				_
Affiliate Representative		Х		Щ			\vdash	0	0	0
(9) Amie Fraley	10.00									_
Treasurer		X	<u> </u>	X			H	0	0	0
(10)Matt_Whittle	2.00									_
Affiliate Representative		Х					<u> </u>	0	0	0
(11)Bill_Lifsey	2.00							,		
At Large Member	ļ	Х	Щ				\vdash	0	0	0
(12)Bentley Hatcher	2.00								1	
At Large Member	ļ	X				 	 	0	0	0
(13)Delvin Davis	2.00									
At Large Member	ļ	Х	<u> </u>	<u> </u>		 	<u> </u>	0	0	0
(14)Samuel Gunter	2.00] }				
At Large Member	1	Х	l			1 1	ı	0	0	0

Part VII	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	ınd l	High	est	Comp	ens	ated Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	box, i	untess	s pers	tion ore the	ian one both an lrustee)		(D) Reportable compensation from	(E) Reportable compensation from related	_	(F) stimated mount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	npensation the ganization related anization anization	on d
(15)Maria	<u> Hanlin</u>	2.00											
	iate Representative		Х		_				0	0	ļ		0
	Spain	2.00_	Х		!				0	o			0
	re T Denechaud	2.00								<u> </u>	 		
	rge Member		х						o	o			0
(18)Beth	Gifford rge Member	2.00	Х						0	0			0
	Green	2.00											
At La	rge Member		X							0			0
	Williams	2.00	v				:						^
	rge Member Dowse	5.00	X						0	0			0
Secre		1 - 2.00-	Х		х				o	o			0
	Campbell	2.00											
	late Representative	<u> </u>	Х	<u></u>					0	0			0
	Scanga	2.00	x						0				0
	rge Member Kirkpatrick	40.00	Λ.	 									
	tive Director				Х				99,123	0			0
(25)													
	-total · · · · · · · · · · · · · · · · · · ·			• •				•					
	al from continuation sheets to Part VII, Section						• • •	•					
	al (add lines 1b and 1c) · · · · · · · · · · · · · · · · · · ·								99,123		<u> </u>		0
	ortable compensation from the organization) (O (1105 0 1151	eu auc	,ve,	WIIO	IEG	eiveu i	IIIOIE	r than \$ 100,000 Or	0			
ТОРС	reading compensation from the organization	··										Yes	No
3 Did	the organization list any former officer, director	, or trustee, k	ey em	ploy	ee, c	or hi	ghest	com	pensated				
•	oloyee on line 1a? If "Yes," complete Schedule									• • • • • • • •	3	 	X
	any individual listed on line 1a, is the sum of re							-					ĺ
	anization and related organizations greater than vidual · · · · · · · · · · · · · · · · · · ·								ior such		4		X
	any person listed on line 1a receive or accrue o								tion or individual		-		<u> </u>
for s	services rendered to the organization? If "Yes,"	complete Sci	hedule	J fo	r su	ch p	erson				5		X
	3. Independent Contractors												
com	nplete this table for your five highest compensationers from the organization. Report compe												
yea	(A)								(B)			(C)	
	Name and business address								Description of	services		pensatio	n
									<u> </u>				
		 .							ļ				
									 				
2 Tota	al number of independent contractors (including	but not limite	d to th	ose	liste	d at	ove) v	who					
	eived more than \$100,000 of compensation from						•						
		,										000 /2/	0471

Form 990 (2017) 27-1296717 Habitat for Humanity of NC, Inc. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) (A) Related or exempt function Revenue excluded from tax Total revenue Unrelated business revenue under sections 512-514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b 1c d Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 423,705 g Noncash contributions included in lines 1a-1f \$ 49,776 h Total. Add lines 1a-1f 423,705 Business Code Program Service Revenue 2a Camp Habitat 900099 44,431 44,431 b Home sales 236000 517,675 517,675 f All other program service revenue g Total. Add lines 2a-2f 562,106 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (I) Real (ii) Personal 6a Gross rents b Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Secunties (ii) Other 7a Gross amount from sales of assets other than inventory 48,861 b Less cost or other basis and sales expenses 49,776 c Gain or (loss) (915) (915 (915 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 garning 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 Business Code 11a

984,896

561,191

 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 (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 1,500 1,500 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 76,413 12,065 12,065 trustees, and key employees 100,543 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 118,844 86,636 21,104 11,104 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 1,773 1,773 10 16,784 13,238 11 Fees for services (non-employees) 54,950 51,950 3,000 Legal ь 13,582 13,380 202 Accounting 14,803 14,803 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) . . . 2,906 703 1,852 351 12 1,279 13 7,753 4,921 1,553 14 12,720 9,934 1,393 1,393 15 16 10,079 5,103 2,488 2,488 17 10,425 10,267 79 79 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 19,420 19,420 20 2,035 2,035 21 Depreciation, depletion, and amortization 2,889 2,023 433 433 22 3,969 7,939 23 Insurance 1.985 1,985 Other expenses litemize expenses not covered 24 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) 552,844 552,844 a Cost of home sales 48 48 10,125 10,029 Training expenses d 856 641 All other expenses 3,732 2,235 Total functional expenses. Add lines 1 through 24e 864,565 65,669 33,639 25 963,873 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)

Page 10

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 1 169,971 145,171 2 2 3 3 303,256 36,728 Accounts receivable, net 4 786 852 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 21,134 78,229 8 338,636 Prepaid expenses and deferred charges 9 2,500 300 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10,777 b Less accumulated depreciation 10b 6,044 10c 7,622 3,155 11 11 12 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 560,852 545,910 17 Accounts payable and accrued expenses 17 10,572 7,158 18 18 Deferred revenue 19 19 6,259 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L *. .* . . . 23 Secured mortgages and notes payable to unrelated third parties 38,810 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 26 49,382 13,417 Organizations that follow SFAS 117 (ASC 958), check here > X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 211,156 418,714 28 28 300,314 113,779 29 29 complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 511,470 532,493 Total liabilities and net assets/fund balances 34 560,852 545,910

Form	990 (2017) Habitat for Humanity of NC, Inc. 27-1296	5717	F	age 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\cdot \Box$
1	Total revenue (must equal Part VIII, column (A), line 12)		984,	896
2	Total expenses (must equal Part IX, column (A), line 25)		963,	873
3	Revenue less expenses Subtract line 2 from line 1		21,	023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		511,	470
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period 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))		532,	493
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🛮
			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			1. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O	- 1		
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			1 1
	Separate basis Consolidated basis Both consolidated and separate basis			1
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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			{
	Separate basis Consolidated basis Both consolidated and separate basis	ļ		{
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		_i]1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
ь	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		1
EEA		For	m 990	(2017)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2017 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Hab	ita	t for Humanity of NC, Inc	3.				27-12967	17
Pa	rt I.	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part	t.) See instructio	ns
The	orga	nization is not a private foundation bec	ause it is: (For line:	s 1 through 12, check on	ly one box	:)		4
1		A church, convention of churches, or	association of chur	ches described in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	schedule E (Form 990 or	990-EZ))			177
3		A hospital or a cooperative hospital se	ervice organization	described in section 17	0(b)(1)(A)	(iii).		1/1
4	Ц	A medical research organization oper	ated in conjunction	with a hospital describe	d in sectio	n 170(b)(1)(A)(ili). Enter the	0 1
	_	hospital's name, city, and state	·					
5	Ц	An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	overnment	tal unit described in	
	_	section 170(b)(1)(A)(iv). (Complete Part II)						
6	Ц	A federal, state, or local government of	or governmental un	nt described in section 1	170(b)(1)(A	\)(v).		
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public						
	_	described in section 170(b)(1)(A)(vi)	. (Complete Part II)				
8	Ц	A community trust described in section						
9	П	An agricultural research organization						je
		or university or a non-land-grant colle-	ge of agriculture (s	ee instructions) Enter th	e name, ci	ity, and sta	te of the college or	
	_	university					 	·
10	Ц	An organization that normally receive	· ·					SS
		receipts from activities related to its ex	•	•		•		
		support from gross investment income		•			rom businesses	
	_	acquired by the organization after Jun				•		
11	H	An organization organized and operat	•					
12	П	An organization organized and operat	•	· ·			-	
		of one or more publicly supported org						
	_	Check the box in lines 12a through 12						_
	a	Type I. A supporting organization	•			-		ig
		the supported organization(s) the			ity or the di	irectors or	uustees oi trie	
	L	supporting organization You must	•	·	h ita aunna	dod organ	ration(c) by boying	
	b	Type II. A supporting organization	•			_		nd.
		control or management of the sup organization(s) You must comp		•	isons that	COMMON	manage die supporte	3 u
	С	Type III functionally integrated.	•		action with	n and fund	tionally integrated wi	th
	٠	its supported organization(s) (see		•			_	u.,
	đ	Type III non-functionally integra		•				n(s)
	•	that is not functionally integrated		-			-	
		requirement (see instructions) You					in and an attornivend	
	e	Check this box if the organization	•	·			Type II. Type III	
	•	functionally integrated, or Type III				, , , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	f	Enter the number of supported organi	•					
	g	Provide the following information about		ganization(s).				
	- (1) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	fisted in you docum	r governing	support (see	other support (see
				above (see instructions))	docum	ent,	instructions)	instructions)
			=		Yes	No		
/A)								
(A)								
(B)				!	ļ			
(C)								
					 	 		
(D)					1	[
				-	-			
(E)					1			
Tota					 	ļ		

990 or 990-EZ) 2017 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) Part II (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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Sec	tion A. Public Support						
membismithy fees received (Do not include any "unusual grants")	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
organization's benefit and either paid to or expended on its behalf	1	membership fees received (Do not	105,697	260,285	485,671	540,095	423,705	1,815,453
Total Add lines 1 through 3	2	organization's benefit and either paid		:				
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	3	fumished by a governmental unit to the						
each person (other than a governmental unt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total Add lines 1 through 3	105,697	260,285	485,671	540,095	423,705	1,815,453
governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5	The portion of total contributions by			•			
supported organization) included on line 1 that exceeds 2% of the amount show on thine 11, column (f)		each person (other than a	:	,	1			
Inne 1 that exceeds 2% of the amount Sobwom on line 11, column (f) Section B. Total Support		governmental unit or publicly						
Shown on line 11, column (f) 808, 835 6 Public support. Subtract line 5 from line 4 1,006, 618 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 105, 697 260, 285 485, 671 540, 095 423, 705 1,815, 453 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 8 8 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 0 0 0 0 0 0 0 0		supported organization) included on			i			
6 Public support. Subtract line 5 from line 4 .		line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in)		shown on line 11, column (f)						
Calendar year (or fiscal year beginning in)	6			<u> </u>	<u></u>			1,006,618
7 Amounts from line 4	Sec	tion B. Total Support	· · · · · ·					
8 9 Net income from unterest, dividends, payments received on securities loans, remits, royalties and income from smilar sources	Cale	ndar year (or fiscal year beginning in) 🕨		······································	(c) 2015	(d) 2016		(f) Total
payments received on securities loans, rents, royalties and income from similar sources			105,697	260,285	485,671	540,095	423,705	1,815,453
activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from	8					
loss from the sale of capital assets (Explain in Part VI)	9	activities, whether or not the business						
12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 55.13 % Public support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. D 10%-facts-and-circumstances test - 2016. If the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	10	loss from the sale of capital assets	10,104	214	30	50		10,398
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 15 65.74 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	11	Total support. Add lines 7 through 10 -				*	•	1,825,859
Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	see instructions)				12	658,276
Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))		organization, check this box and stop here	<u> </u>		h, or fifth tax year a	s a section 501(c)	(3)	▶□
Public support percentage from 2016 Schedule A, Part II, line 14					(ft)		14	55 12 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see					and line 14 is 33 1	1/3% or more, chec		05.74 ,0
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								▶ 🕅
this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	h	•				s 33 1/3% or more	. check	4.0
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	-							▶ □
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a		· ·			or 16b, and line 14	is	_
organization								
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		Part VI how the organization meets the "fac	ts-and-circumstand	ces" test. The organ	nization qualifies as	s a publicly suppor	ted	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization						▶ 🔲
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ь	10%-facts-and-circumstances test - 2016	. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
supported organization							cly	
· · · · · · · · · · · · · · · · · · ·								▶ 🔲
ınstructions · · · · · · · · · · · · · · · · · · ·	18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		_
		instructions						· · · · • 🔲

990 or 990-EZ) 2017

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 10 of Part I or if the organization failed to qualify under Part II the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		!				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	\			,		
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u> </u>			/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · ·						· · · · · · · · · · · · · · · · · · ·
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6)		/			<u>, </u>	
	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	endar year (or fiscal year beginning in) 🕨	(a) 2013	(ь) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 · · · · · · · · · · · · · · · · · ·					,	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						•
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and/stop here		econd, third, fourth				▶ 🔲
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, or		-))		15	%
16	Public support percentage from 2016 Schedu					16	<u>%</u>
	ction D. Computation of Investme		<u> </u>	h (6)	·	47	
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Sc					17	<u>%</u> %
	33 1/3% support tests - 2017. If the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the organization of the support tests - 2017, if the						• 📋
b	33 1/3% support tests - 2016. If the organizatine 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no	ot check a box on l	line 14, 19a, or 19b	, check this box an	d see instructions		▶ 📙

Page 3

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D. and complete Part V.)

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			İ.,
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			l
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3ь		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			<u> </u>
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			<u> </u>
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		1	1
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	Į		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	\ <u></u> -		
	purposes.	4c		
58	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	-		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	 5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	100		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	<u> </u>		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section]
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1	1 1	

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

No

No

No

Νo

Yes

Yes

Yes

Yes

- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

		 <u>.</u>
	2b	
	3a	
h		
	3h	

Yes No

Habitat for Humanity of NC, Inc.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganız	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zations	s must complete Secti	ons A through E.
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		Î
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		•	
instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recovenes of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	•	
Section C - Distributable Amount		•	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	•
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionally	-ıntegr	ated Type III supporting	ng organization (see
instructions).			

t

Sched	ule A (Form 990 or 990-EZ) 2017 Habitat for Humanity of		27-129	96717	Page 7
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	izations (continued)		
Sec	tion D - Distributions			Curren	t Year
1					
2	, , ,	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount		·		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2017	(iii Distribi Amount t	utable
	Distributable amount for 2017 from Section C, line 6	<u> </u>			
2	Underdistributions, if any, for years prior to 2017				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2017				
а					
b	From 2013				
С	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
	Carryover from 2012 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
	Remaining underdistributions for years prior to 2017, if				
	any. Subtract lines 3g and 4a from line 2. For result	1			
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in		!		
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j	· 			
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2013	+			
•	ENGOGO HOITI EO TO	_4	L		

b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

MATE I	of the diganization		p	noyal identification number	
	oitat for Humanity of NC, Inc.			27-1296717	
Par		ccoun	nts.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year · · · · · · · · · · · ·	<u> </u>			
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (dunng year)	1			
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise				_
	funds are the organization's property, subject to the organization's exclusive legal control?] No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used to be used t	used			
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpo				_
	conferring impermissible private benefit?			Yes [_ N∢
Par	rt II Conservation Easements.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply)				
	Preservation of land for public use (e.g., recreation or education)				
	Protection of natural habitat Preservation of a certification of a cer	ified his	storic s	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	of a con	serva	tion	
	easement on the last day of the tax year		<u></u>	Held at the End of the Tax	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic structure included in (a)		2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a				
	historic structure listed in the National Register		2d	L	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	organi	zation	during the	
	tax year •				
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				_
	violations, and enforcement of the conservation easements it holds? $\cdots\cdots\cdots\cdots\cdots$] No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation	n ease	ements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations	on eas	emen	its during the year	
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(_
	and section 170(h)(4)(B)(ii)?				_ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	nts that	t desci	ribes the	
D	organization's accounting for conservation easements	- 04		Newton Appare	
Par	Organizations Maintaining Collections of Art, Historical Treasures, o	or Otr	ier 3	olmilar Assets.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		<u> </u>		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statem				
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research			nce of	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes the			-b4	
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement				
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	h in tur	rtherar	nce of	
	public service, provide the following amounts relating to these items			. •	
	(i) Revenue included on Form 990, Part VIII, line 1				
_	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	l gaın, p	provid	e the	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X	· · ·	• • •	<u></u> ▶\$	

Sched	ule D (Form 990) 2017 Habitat for Human						27-129			Page 2
Pa	t III Organizations Maintaining Coll	lections of A	rt, Histo	orical Tr	easures,	or Oth	er Similar As	sets (co	ontinu	ıed)
3	Using the organization's acquisition, accession, and	l other records, c	heck any o	of the follow	ving that are	a signific	cant use of its			
	collection items (check all that apply)									
а	Public exhibition	d [] Loai	n or excha	nge progra	ams					
ь	Scholarly research	e 🗍 Othe	er						_	
C	Preservation for future generations									
4	Provide a description of the organization's collection	ns and explain ho	w they fu	ther the or	ganization's	exempt _l	ourpose in Part			
	XIII									
5	During the year, did the organization solicit or receive	e donations of a	rt, historic	al treasure:	s, or other si	mılar				
	assets to be sold to raise funds rather than to be ma	aintained as part	of the org	anızatıon's	collection?			🗆	Yes	☐ No
Pai	t IV Escrow and Custodial Arranger	nents.								
	Complete if the organization answ	ered "Yes" o	n Form	990, Par	t IV, line 9	, or rep	orted an amo	unt on F	orm	
	990, Part X, line 21			•		•				
1a	Is the organization an agent, trustee, custodian or o	ther intermediary	for contr	butions or	other assets	not				
		-						П	Yes	Ппо
ь	If "Yes," explain the arrangement in Part XIII and con	mplete the follow	ing table.					_		_
							An	nount		-
c	Beginning balance					10				
d	Additions during the year									
e	, ,									
f	Ending balance					11				
2a	Did the organization include an amount on Form 99							п	Yes	ΠNο
ь	If "Yes," explain the arrangement in Part XIII Check									ቨ‴
	t V Endowment Funds.	Hore ii die oxpia	nauon na	occii pio	naca on r an	74111				 -
	Complete if the organization answ	rered "Yes" or	n Form	990 Par	t IV line 1	n				
				or year	(c) Two years		(d) Three years back	(0) 500	ur years	haak
1a	Beginning of year balance	(a) Current year	(0) FI	or year	(c) Iwo year	SONICK	(d) Three years back	(a) FG	ui yeais	DBCK
b	Contributions									
c	Net investment earnings, gains, and									
·	losses									
d	Grants or scholarships									
_	Other expenditures for facilities and									
е	,									
	Administrative expenses									
-	Administrative expenses									
g	End of year balance Provide the estimated percentage of the current year	es and balance (f	20 10 00		old on					
2	Board designated or quasi-endowment	•	ne ig, coi	unin (a)) ni	as unit					
a		 %								
b	Permanent endowment \(\bigs\) %	0/								
C	Temporarily restricted endowment	<u></u> %								
٥	The percentages on lines 2a, 2b, and 2c should equ		. 414 1		daniminata an el f					
3a	Are there endowment funds not in the possession of	the organization	that are	neio ano ao	iministerea 1	or the			-	T.N.
	organization by							2-6	Yes	No
	(i) unrelated organizations · · · · · · · · ·					• • • •		3a(ı)	+	
	(ii) related organizations		• • • • •					- 3a(ii	4	
b	If "Yes" on 3a(ii), are the related organizations listed	•		٠٠.				- 3b	<u> </u>	
4	Describe in Part XIII the intended uses of the organi		ent tunds							
Pai	t VI Land, Buildings, and Equipmen		. Earm	000 Dos	t IV line 1	10 80	o Eoem 000 D	ort V lir	. 10	
	Complete if the organization answ			T						
	Description of property	(a) Cost or other			r other basis		Accumulated	(d) Bo	ok value	
		(investme	m()	(other)	d .	epreciation			
1a	Land	•		-						
Ь	Buildings	•		 						
C	Leasehold improvements	•								
d	Equipment	•		1	10,777		7,622		3,	<u> 155</u>
e	Other	.		1		l				

Schedule D (Form	1990) 2017 Habitat for Hum	manity of NC, Inc.	27-1296	717 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, Pr	art IV, line 11b. See Form 990, F	² art X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	hue
(1) Financial	denvatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990 Part X, coi (B) line 12)		,	
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 990, P	art IV. line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
		<u> </u>	Cost or end-of-year market val	iue
(1)			<u> </u>	
(2)			 	
(3)				
(4)				
(5)				
(6)		 	 	
(7)				
(8)			<u> </u>	
(9)	n) must equal Form 990. Part Y col. (R) line 13.)			
Part IX	o) must equal Form 990, Part X, col. (B) line 13) Other Assets.	<u> </u>		
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11d. See Form 990, F	
	(a) D	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	***************************************			
(9)	(1)	• 1		
	on (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities.)		
Part X	Complete if the organization answere	ad "Vee" on Form 990 P	art IV line 11e or 11f See Form	QQN Part X
	line 25.	:u 165 OH OH OO, 1	artiv, interite or int. occir onn	330, 1 01.77,
1.	(a) Description of liability	(b) Book value		
	income taxes		Organia September de Calenda de la lice de	والمهامة المالي
(2)		<u> </u>	⊣	
(3)				2.9 6/6
(4)	DIRECTOR CONTRACTOR CO		Therefore he as a Milesem and a	
(5)				
(6)	•			
(7)				Trigr w
(8)				180 to the second

Total (Column (b) must equel Form 990, Pert X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

Sched	ule D (Form 990) 2017 Habitat for Humanity of NC, Inc.	27-1296717	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	984,896
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	 	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
	Add lines 2a through 2d		
e	Subtract line 2e from line 1		
3	1 1	3	984,896
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		984,896
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	963,873
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	,	
a	Donated services and use of facilities		
ь	Prior year adjustments	\dashv \downarrow	
	Other losses · · · · · · · · · · · · · · · · · ·		
c		-	
d	Other (Describe in Part XIII)	 _	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	963,873
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
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	963,873
Pa	rt XIII Supplemental Information.	•	
	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, art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			
			
			
	,		

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest Information.

Inspection
Employer identification number

Habitat for Humanity of NC, Inc. 27-1296717 Part i Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g applicable items contributed noncash contribution amounts Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Clothing and household 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property · · · · · · 9 Secunties - Publicly traded · · · · 49,776 fair value 10 Securities - Closely held stock . . Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous . . . Qualified conservation 13 contribution - Historic structures Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 19 Food inventory 20 Drugs and medical supplies · · · 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(27 Other ►(Other ►(28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any 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 isn't required X b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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01. Form 990 governing body review (Part VI, line 11)	
The Form 990 is provided to the Board of Directors and approved by th	e Treasurer or
Executive Director prior to filing.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
The Organization regularly and consistently monitors and enforces com	pliance with its
written conflict of interest policy by annually requiring signed stat	ements from its
directors, principal officer and committee members to affirm_complian	ce with its policy.
03. CEO, executive director, top management comp (Part VI, line 15a)	· · · · · · · · · · · · · · · · · · ·
The compensation of the Executive Director is evaluated annually by t	he Board of Directors
and is based upon the funds available.	
All other employees' compensation is reviewed by the Executive Direct	or and approved 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 conflict of
interest policy available to the general public upon request.	
05. General explanation attachment	
The Executive Director and the Board of Directors assume responsibili	ty for the oversight
of the audit. This process has not changed during the year.	