

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01, 2015, and ending 6/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Habitat for Humanity of Lincoln County NC PO Box 1062 Lincolnton, NC 28093 F Name and address of principal officer: Dietra McNair Same As C Above	D Employer identification number 56-1748199 E Telephone number (704) 748-1800 G Gross receipts \$ 800,259. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.habitat1cnc.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: NC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>Family housing for the underprivileged.</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	21
	6	Total number of volunteers (estimate if necessary)	6	888
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 221,588.	Current Year 78,760.
	9	Program service revenue (Part VIII, line 2g)	19,087.	75,781.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,906.	2,988.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,917.	104,405.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	326,498.	261,934.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,061.	24,930.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	49,187.	197,096.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,693.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	66,684.	189,198.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	135,932.	411,224.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	190,566.	-149,290.
	20	Total assets (Part X, line 16)	Beginning of Current Year 1,665,960.	End of Year 1,501,740.
	21	Total liabilities (Part X, line 26)	91,260.	76,330.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,574,700.	1,425,410.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	Donna Beringer <small>Type or print name and title.</small>	Treasurer			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Terry W. Lancaster				P00096087
	Firm's name ▶ C. DeWitt Foard & Co, PA, CPAs				Firm's EIN ▶ 56-1688300
	Firm's address ▶ 817 E. Morehead Street, Ste. 100 Charlotte, NC 28202-2767				Phone no. 704-372-1515

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No