Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

▶ 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 2017, and ending . 20 17 January 1 D Employer identification number Check if applicable C Name of organization Tazewell County Habitat for Humanity, INC Doing business as Same Address change 54-1883050 Number and street (or P O. box if mail is not delivered to street address) Room/surte E Telephone number Name change Initial return 276-415-0447 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return G Gross receipts \$ Application pending F Name and address of pnncipal officer **Bob Buchanan** H(a) Is this a group return for subordinates? Tyes Ves No P O Box 223, 108 Tazewell Avenue, Tazewell, Virginia 24651 H(b) Are all subordinates included? 🔲 Yes 🔲 No If "No," attach a list. (see instructions) √ 501(c)(3) 501(c) (Tax-exempt status www.tazewellcohabitat.org H(c) Group exemption number ▶ Form of organization. Corporation Trust Association M State of legal domicile: L Year of formation. 1997 Part I Summary 1 Briefly describe the organization's mission or most significant activities: The mission is to eliminate poverty housing in Tazewell County, Virginia and to build or refurbish at least one home each year that will Activities & Governance provide quality affordable housing to families in need. Check this box ▶ ☐ 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 Number of independent voting members of the governing body (Part Villing 4 5 Total number of individuals employed in calendar year 2017 (Pantly, line 2a 5 Total number of volunteers (estimate if necessary) 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h). 6438 78752 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 146 103 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 326 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6910 78855 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 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) Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 705€ 22076 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 7056 22076 Revenue less expenses. Subtract line 18 from line 12 -146 56779 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 624910 681732 21 Total liabilities (Part X, line 26) . 1153 1113 22 Net assets or fund balances. Subtract line 21 from line 20 680579 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 Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check I If self-employed **Preparer** Firm's EIN ▶ Firm's name Use Only Firm's address > Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

Form 99	(2017)	-			Page 2
Part		tatement of Program Service A heck if Schedule O contains a re	accomplishments sponse or note to any line in this P	art III	🗆
1		describe the organization's mission			
			Humanity, INC is to eliminate poverty has been been been been been been been bee		
2	prior Fo		icant program services during the year		Yes ☑ No
3	Did the services	e organization cease conducting, s?	, or make significant changes in h		Yes ☑ No
4	Describ expense		vice accomplishments for each of its) organizations are required to repor		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p	rogram services (Describe in Sche	edule O.)		
	(Expens			\$)	



art	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,") !		Ì
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		\
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	7 7	1,	
а		11a		1
b		11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		 •
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			1
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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			1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	"	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	\$1.45 1
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	006	. ,	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<u> </u>
Ů	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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			
04	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	wa.		_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		
	19? Note. All Form 990 filers are required to complete Schedule O.	38		1

Part		_	•	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	- A.	ار این	38;
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 mg	- 1×	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<u> </u>		البرا
20		1c	- 	√
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		* 3 * (, , ,)	
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	* ()	-3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u></u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		+ Š,	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	neigh "	· 10/65 /	, j
	(FBAR).		÷ 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		İ	,
L	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L		,
7	gifts were not tax deductible?	6b		✓
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. 4 14	٠٠ ١٠ ١٠	sm-
_	and services provided to the payor?	7a	ب فعد عد	1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		7
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	- ;, -	/
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	χ. α	<u></u>	
0	sponsoring organization have excess business holdings at any time during the year?	8		√ 35
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	J	لسرا
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		1986	34/A - 1
а	Initiation fees and capital contributions included on Part VIII, line 12			- A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0	13.79		
11	Section 501(c)(12) organizations. Enter:	ti viana		7
а	Gross income from members or shareholders	971	t tuben	7 Sec. 1
b	Gross income from other sources (Do not net amounts due or paid to other sources	a mayor		100 April 100
	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		√
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		等在。	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>到(</u> ()	an an angel	المجا
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	. T =	√ 324]
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	professor		
D	the organization is licensed to issue qualified health plans	-		Lite ron
С	Enter the amount of reserves on hand	A STA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TEAR.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	· · · · · ·	-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1
		For	990	(2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 thro response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	in Schedule O. S	ee ins	tructi	
Secti	on A. Governing Body and Management	<u> </u>	• •		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No Free-
b 2		1b 12 lationship with	, , , , , , , , , , , , , , , , , , ,	edi, de	1
3	Did the organization delegate control over management duties customarily performed by or ur supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to el one or more members of the governing body?	n's assets? .	4 5 6 7a	√	√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		1
8 a	Did the organization contemporaneously document the meetings held or written actions under the year by the following: The governing body?	ertaken during	8a	4	
р 9	Each committee with authority to act on behalf of the governing body?		8b	✓	
Secti	on B. Policies (This Section B requests information about policies not required by the		ue C	ode.)	<u> </u>
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	•	11a	1	<u> </u>
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12a 12b	✓	√
С	Did the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this was done	olicy? If "Yes,"	12c	✓	
13 14 15	Did the organization have a written whistleblower policy?		13 14	✓	e interes
a b	The organization's CEO, Executive Director, or top management official		15a 15b	427	✓ ✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeguard the	16b	Je W	ا میلاده اهاد ده
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed Virginia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	·	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sche Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.		erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization	's books and re	cords	•	

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Form	aan	(2017)	

Part VII	Compensation of Officers, D	irectors, Trustees	, Key Employees,	Highest Compensa	ted Employees,	, and
	Independent Contractors					

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 related organization compensated any current officer, director, or trustee.										
	(C)									
· (A)	(B)				rtion			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust			compensation from	
	week (list any hours for	악교	lns	읓	Σe	en Ei	ē	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	play	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	tor t	ona		횽	e co	ļ `	(W-2/1099-MISC)		organization and related
	line)	rust	2		yee	npe		}		organizations
		8	stee			Highest compensated employee				
	-		_			8	-			
(1) Bob Buchanan										
President/ Chairperson	<u> </u>	1		✓				l 0	0	o
(2) Tom Witten										
Vice President/ Vice Chairperson		✓		✓				o	o	o
(3) Kara King										
Treasurer		✓		✓				<u> </u>	0	0
(4) Jim Talbert										1
Secretary		✓		✓				0	0	0
(5) Linda Hoagland			,	ļ	,		Į			1
Member		✓					L	0	0	0
(6) Pam Meade	ļ									
Member		✓		L_	<u> </u>		L_	0	0	0
(7) David Pruitt	ļ			1						
Member		/		_	_		L	0	0	0
(8) Michelle Bragg	ļ						l			
Member	ļ <u>.</u> .	✓		<u> </u>	<u> </u>		ļ	0	0	0
(9) Cameron Forrester					Ì			}		
Member	ļ	✓		<u> </u>					0	0
(10) Tim Wallace	ļ	,		ŀ						
Member	_	✓		\vdash	<u> </u>			ļ <u>0</u>	0	0
(11) Sandra Corell		1		}						_
Member (10)	 	-	<u> </u>	-	-		<u> </u>	0	0	0
(12) Josh Thompson	}	1	i '							
Member (4.2)	 -		-	-			├	0	0	0
(13)				1						,
(14)	 	t -	\vdash	\vdash			\vdash			
2	1									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(C)										
	(A)	(B) Position (do not check more than or				one	(D)	(€)	(F)		
	Name and title	Average hours per					is both		an Reportable Reports		Estimated amount of
		week (list any	k (list any					,	compensation from	compensation from related	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	ecta	듛	er	emp	est c	₽ĕ	(W-2/1099-MISC)		organization
		below dotted	목률	na)		οye	μŏm	1	i		and related
		line)	stee	rust		ď	ens	1			organizations
				9			atec	l			
(15)		 	├──	Н	_	 	<u> </u>	┢	 		
3		†						•			
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(17)											
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35.32		 	1								
(25)			l					\vdash			
3		†	1								
1b	Sub-total							>	0		0
C	Total from continuation sheets to Part	VII, Sectio	n A		-			>	0		0
d	Total (add lines 1b and 1c)							>	0		0
2	Total number of individuals (including bu		to th	ose	list	ed	above	e) w	ho received m	ore than \$100,0	00 of
	reportable compensation from the organ	zation									
3	Did the ergonization hat any farmer of	ficar direc	tar 6						Jouan or high		Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							anı	noyee, or nigh	iesi compensai	Large Joseph Large Dec.
4	For any individual listed on line 1a, is the								nd ather semi	oncation from t	3 V
4	organization and related organizations										
	Individual										4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	froi	m anv	un,	related organiz	ration or individ	
•	for services rendered to the organization										5 1
Section	on B. Independent Contractors			_							<u></u>
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	act	ors that receive	ed more than \$1	00,000 of
	compensation from the organization. Rep										
	year.		_								
	(A)				_				(B)		(C)
	Name and business add	iress						<u> </u>	Description of s	ervices	Compensation
Not ap	plicable							_			
								<u> </u>	 		
								<u> </u>			
	 				_			-			
	Total number of independent contractor	rs (includir	na bi	ıt n	ot I	ımit	ed to	\ +b	nee listed she	ove) who	
_	received more than \$100,000 of compens							, u	O IISIEU ADI	773) WIIO 7	1 () () () () () () () () () (
							_				Form 990 (2017)

Form **990** (2017)

Part	VIII	Check if Schedule O		oonoo or noto t	a anu lina in thic	Dort VIII		Г
		Check if Schedule O	CORRAINS & res	Jorise of Hote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	i 1a				The second second	An of the hand the
s, Grants Amounts	b	Membership dues .	1b		2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	The same of the sa	Site of the state of the	The state of the s
S, A	С	Fundraising events .	1c			Carrier Carrier Carrier Carrier	1 - 3 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	d	Related organizations	1d			Auf La Calleria		
	е	Government grants (con	tributions) 1e					
Contributions, and Other Sim	f	All other contributions, gr						
		and similar amounts not incl	luded above 1f	78752				
d d	g	Noncash contributions includ	ded in lines 1a-1f: \$	71000		Marine Marie Rose Transfer		
Conf	h	Total. Add lines 1a-1	f	>	78752	The state of the s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
ne				Business Code		7,7	14 Th 2 12 15 15	
Ven	2a							
æ	b							
jċ	С							
ě	d							
Ĕ	е					T]
Program Service Revenue	f	All other program sen	vice revenue.		1			
<u>_</u>	g_	Total. Add lines 2a-2			0			
	3	Investment income						
		and other similar amo	ounts)	▶	103			
	4	Income from investment	t of tax-exempt be	ond proceeds >				
	5	Royalties	<u> </u>	<u> ▶</u>				
)		(i) Real	(ii) Personal	mar con a sa	Les and recommendate the second	Transfer large Streets	the special of the same of the same of the same
	6a	Gross rents			The state of the s		1000	1 100 1 1
	b	Less rental expenses			The state of			
	С	Rental income or (loss)				S. T. S.	Carried Control of the Control of th	
	d	Net rental income or ((loss)	<u> </u>				
	7a	Gross amount from sales of	(i) Securities	(ii) Other	ر الأول دود سيخه (ودوير) در الأول دود سيخه (ودوير)	The second second second	and the said seeds	Maria State Maria
		assets other than inventory				and the second	Van salara i udi zaman	Remarks Court of the Court of the
	b	Less. cost or other basis			with the state of	the state of the s	internal and investment	The state of the s
	}	and sales expenses .					A CHARLEST NEWS	market of which and the second
	С	Gain or (loss)		<u> </u>	4.2		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	d	Net gain or (loss) .		<u> ▶</u>	0			
ø.						Turis a comp		
Ž	8a	Gross income from fu	ındraising		185 C Paga 4 3 4 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	新校理学を選手を 1.15 mm
Š		events (not including \$			Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Sa	a bearing and the	Mary make the first factor	
æ		of contributions reporte	ed on line 1c).	ļ		the same of the same	the same of the same of	A CONTRACTOR OF THE PARTY OF TH
Other Rever	1	See Part IV, line 18 .	\cdots a			de de como de la como		
₹	ь	Less: direct expenses		L		and the second		A Section of the sect
	C	Net income or (loss) fi		events . ►	0.000 000 000	and the same of th	armedia district edenia distributa	New Calles Sen Think with 1
	9a	Gross income from ga	-	ļ	THE PARTY OF THE PARTY.		n brown a test and	
			\cdots a		- 10-1	A STATE OF THE STA	Section 18 and the second	The state of the s
	b	Less: direct expenses			1			
	С	Net income or (loss) f		vities ▶	0		35 7 20 mg	MARKAGOTTO TO A STATE OF THE ST
	10a	Gross sales of in]	The way make the	Mark of the property	Section of the section of	Parte minter w
		returns and allowance	•	ļ	or francis to the market	· viere in Army		The state of the s
	b	Less: cost of goods s			and the second	The state of the s		
	<u>c</u>	Net income or (loss) f						67
		Miscellaneous R	revenue	Business Code			7	Barret St.
	11a			ļ		 		
	b			ļ		ļ <u> </u>	 -	
	C	***			 	ļ	<u> </u>	
	d	All other revenue .		L	ļ		<u> </u>	
	е	Total. Add lines 11a-		•	<u>_</u>	<u> </u>	de la la la la la la la la la la la la la	118 61 13 No 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	12	Total revenue. See in	nstructions	•	78855	1	I	J

Form 99		_ 	·		Page 10
	Statement of Functional Expenses	nalata all salumna	VII other ergenzetier	o must complete co	dump (A)
Section	n 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		одринова	Service and service and	Jan 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to domestic individuals. See Part IV, line 22				The state of the s
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			"不是"	The state of the s
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits			; 	
11	Fees for services (non-employees):				
a	Management			ļ	
b	Legal				
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17		12.3	,	
f	Investment management fees		· · · · · ·		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	399	399		
14	Information technology				
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	<u></u>			
23	Insurance	2960		Feet assetues at	8 20 1 42,4740 3/0 4/8 4 1 3
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	make file same file		the way to be the second	
	(A) amount, list line 24e expenses on Schedule O.)	the self is not a transfer to the self in the	· · · · · · · · · · · · · · · · · · ·	parties and property and the second	management and a second
а	Paving Expense - 125 Rollins Bluefield VA	2600	2600		新たった二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
b	Paving 125 Habitat Lane, Raven VA	14350			
c	Deck repair 141 Rollins Bluefield	254			
d	Habitat Dues	1513			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22076	22076		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

	artA	Dalance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa		<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	85126	1	74261
	2	Savings and temporary cash investments	18300	2	18404
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	o er er skrivar	5	इन्हें के के किया है के किया है के किया है के किया है किया है कि किया है किया
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	an maganan a tan dilaka sigilah sidaga karanga karanga karanga karanga karanga karanga karanga karanga karanga		and the stage of t
Assets	7	Notes and loans receivable, net	426974	7	423567
As	8	Inventories for sale or use	94500		165500
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	- K 47% #h. #h.		
į	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	624910	16	681732
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	1113	21	1153
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	and the same of the same of the same	, , , , , , , , , , , , , , , , , , ,	the gir typester at 1,000
١		disqualified persons. Complete Part II of Schedule L		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1113	26	1153
sex		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3a	28	Temporarily restricted net assets		28	
Ď	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and complete lines 30 through 34.	· 公司 · · · · · · · · · · · · · · · · · ·		Karaman Landa Landa
ts (30	Capital stock or trust principal, or current funds		30	
še	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	623797	33	680579
	34	Total liabilities and net assets/fund balances	624910	34	681732
					Form 990 (2017)

Form 9	90 (2017)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1			78855
2	Total expenses (must equal Part IX, column (A), line 25)	2			22076
3	Revenue less expenses. Subtract line 2 from line 1	3			56779
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6	23797
5	Net unrealized gains (losses) on investments	5_			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6	80579
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>	. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		ئِرْدُ راهي	1 1 m	22.40
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	ın jʻ	1,7	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		/
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or	no franco	33.1.
	reviewed on a separate basis, consolidated basis, or both:		1,75%	200	Į.
	Separate basis Consolidated basis Both consolidated and separate basis		1. 48 mg.	1 2 3	(1)
b	Were the organization's financial statements audited by an independent accountant?		. 2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a inc	7 - may 3	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		ļl
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov		_ i	ł	Ì
	of the audit, review, or compilation of its financial statements and selection of an independent accou				707
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	in 📑		142
	Schedule O.	_	<u> </u>	عَلَيْنَا مِنْ	1°.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth i	וח		1
	the Single Audit Act and OMB Circular A-133?		· 3a		1
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	ıdıts.	3b	, 	1

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Tazewell County Habitat for Humanity, INC 54-1883050 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 sted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part	A (Form 990 or 990-EZ) 2017 Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)/v	Page 2
T CITC	(Complete only if you checked the						
	Part III. If the organization fails to						
Section	on A. Public Support	<u> </u>					
Calend	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/(f) Total
1	Gifts, grants, contributions, and						f.
	membership fees received. (Do not			j	}		
	include any "unusual grants.")						<u> </u>
_	Tax revenues levied for the						
	organization's benefit and either paid				İ		\
	to or expended on its behalf					<i>f</i>	
	The value of services or facilities	1		}		1	}
	furnished by a governmental unit to the	ļ		Į		ļ	Į
	organization without charge			<u> </u>			
4	Total. Add lines 1 through 3			, , , , , , , , , , , , , , , , , , , 		20 1 900	
5	The portion of total contributions by	1 ~ (4)6 24 346 1	د د به سخو د .	100 1 1 2 2 mg.	Marian .	The way got the	
	each person (other than a	Water Street	The state of the s	ه م م م م م م م م م م م م م م م	130 836	"一"	
	governmental unit or publicly	The contract safe in the	200	10 Carte 1 1	Trong to 1	property to	{
	supported organization) included on line 1 that exceeds 2% of the amount	a ser of many	Section 1980	in a second soft	They is a morning	Contraction of the second	
	shown on line 11, column (f)	· · · segment year off	بمستأمين ويؤمرا ومهاره	the state of the se	1 3 4 2 3 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
6	Public support. Subtract line 5 from line 4			100	1 20 - Way all - 56 8	The star star	-
	on B. Total Support	l	1 1 1 1 1 1 1	1	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 20.10	(2) 2011	<i>y</i> (0) 2010	(2) 2010	(0, 2011	() : 5.2
8	Gross income from interest, dividends,			<u> </u>			
•	payments received on securities loans,	1					1
	rents, royalties, and income from					ľ	}
	sımılar sources	ļ			,	Į.	
9	Net income from unrelated business						
	activities, whether or not the business						!
	is regularly carried on	,]	J	
10	Other income. Do not include gain or						
	loss from the sale of capital assets]		j	j	J	
	(Explain in Part VI.)			_			
11	Total support. Add lines 7 through 10					\$ 1.75	
12	Gross receipts from related activities, etc	. //				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	<u> </u>		🕨
	on C. Computation of Public Suppo	<u>"————</u>					
14	Public support percentage for 2017 (line					14	%
15 46-	Public support percentage from 2016 Sc					15	%
16a	331/3% support test—2017. If the organization qua						. -
	//	-		•			_
b	331/3% support test—2016. If the organ this box and stop here. The organization						
	. 7	•		•			-
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the organization	iacis-ariu-cife		•	ization qualifie		
	,	040 1545					. , , > [
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization is Explain in Part VI how the organization is	auon meets th	te-and-orous	circumstances	test, check	trus box and	stop nere.
	supported organization	neers the 19C	is-and-circum	istances test.	rne organizat	ion qualifies as	s a publicly
40	Private foundation. If the organization d	id not shock s	hov on line 40				
18	Titale Tourisation. If the Organization of	ia noi check d	POY OU WIE 13	, τυα, τ υ υ, τ <i>1</i>	a, or 170, thec	ער הווים מחצ פוום	300
	instructions	_					▶ □

Part III

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.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	<u>.)</u>	
	on A. Public Support						
Calen	dar 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.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished to apply activity that is related to the	29087	17000	54953	6438	78752	186230
	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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	29087	17000	54953	6438	78752	186230
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						
8	Add lines 7a and 7b	daga sang te disi terah	and desired the desired of the		المعرب المراهر المعربية	dia company non	186230
	on B. Total Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	29087	17000	54953	6438	78752	186230716
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	173	173	121	146	103	716
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		173	121	140	103	710
C	Add lines 10a and 10b	173	173	121	146	103	716
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.)				326		326
13	Total support. (Add lines 9, 10c, 11,				520		320
14	and 12.)	•	•	-	6910 , or fifth tax ye		` ' ! ' ==
Sacti	on C. Computation of Public Suppor			· · · · ·	· · · · ·		<u> </u>
15	Public support percentage for 2017 (line			3 column (f)		15	99 %
	Public support percentage for 2017 (line of Public support percentage from 2016 Sci					16	
16 Secti	on D. Computation of Investment In			· · · · · ·	· · · · ·	1 10 1	99 %
	Investment income percentage for 2017 (ulino 12 colum	nn (fl)	17	04.0/
17	Investment income percentage for 2017 (Investment income percentage from 2010)					18	.04 %
18	331/3% support tests—2017. If the organ						.05 %
19a	17 is not more than 33½%, check this box						
b	331/3% support tests—2016. If the organization 18 is not more than 331/3%, check this	zation did not c	heck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di		_				
	i ilvate ivaliadatorii il tile organization di	a not or leck a	DON OH HITE 14,	104, 01 100, 0	HOOK HIS DOX	and occ monde	

Part IV Supporting Organizations

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

determine whether the organization had excess business holdings.)

(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.)

	0001,011011,0	,	<u> </u>	124 01 1 4	are in complete	0 0000000000000000000000000000000000000	ia D, aiia	oompioto i	·
Section A.	All Supportin	g Organiza	ations						

Yes No 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 class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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 organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 2) 100 satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Зс Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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 c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used ď. ويماله to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 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 OFFE. 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 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 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. 9c 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

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

10a

10b

Scriedu	é W (Loug aao ot aao-EX) 5011		'	age 🔾
Part	Supporting Organizations (continued)		-	
		6,7 4	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ر څاپر .	7	٠ ١٠ و ا
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ļ	
	below, the governing body of a supported organization?	11a	ļ	<u> </u>
	A family member of a person described in (a) above?	11b	<u> </u>	L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	L
<u>Secti</u>	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1	ve ve w	7.0 4
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		Company of	1 - " 1 - " 1 - 2 - 42
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- 14 A	20 July 10	. , .
	controlled the organization's activities. If the organization had more than one supported organization,	- Mrs	1 . 20	,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	16, 12,	61	10 10 m
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1 3/1	77.	. ,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	- 1979 F	10 mg	23
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1	11. 17.	3.00
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	l	^	
	or management of the supporting organization was vested in the same persons that controlled or managed			-
	the supported organization(s).	1		
Coati	on D. All Type III Supporting Organizations	<u> </u>	<u> </u>	<u> </u>
Secu	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	119 345	25.50	黄 李郎
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	A. A.	學學	wit,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	- ikawa	المشتشر	
^		1, 1/2	Fig. 3	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	इन्स्स्य	With The	W
	the organization maintained a close and continuous working relationship with the supported organization(s).		mener c	
_		2	75 12 -	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	150-63	والتوقية مراسي	of they
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	4 E	10 mg	,
	supported organizations played in this regard.			<u> </u>
		3	L	<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	37.4	多	1.40
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		W.
	these supported organizations and explain how these activities directly furthered their exempt purposes,	160		13.0
	how the organization was responsive to those supported organizations, and how the organization determined	West		· 新力·
	that these activities constituted substantially all of its activities.	12.12.0	عاد	
1.	· · · · · · · · · · · · · · · · · · ·	2a	Trans	
р	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	45.44	and the same	Marker A
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	WAR C	FA LEN
	reasons for the organization's position that its supported organization(s) would have engaged in these	المراجعة المراجعة		
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	Ser Park	30 T	154
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- 1	المستثناء	***
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	~ ² ,		
_	of its supported executations? If "Ves." describe in Best VI the role played by the executation in this record	3h		

Part v Type III Non-Functionally Integrated 509(a)(3) Supporting Org					
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ					
Section A - Adjusted Net Income (A) Prior Year					
1 Net short-term capital gain	1				
2 Recoveries of pnor-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
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) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	3		t with the same		
a Average monthly value of securities	1a				
b Average monthly cash balances	1b		<u> </u>		
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		· · · · · · · · · · · · · · · · · · ·	140 8 17		
factors (explain in detail in Part VI):	2				
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.	3		 		
	13				
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 Recoveries 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	The state of the second state of the			
2 Enter 85% of line 1.	2	The plant was to the same and the same			
3 Mınimum asset amount for pnor year (from Section B, line 8, Column A)	3	The said of the sa			
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		Contract to the second second			
emergency temporary reduction (see instructions).	6	The state of the s			
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		J- 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Underdistributions, if any, for years prior to 2017	The state of the s	.	The state of the s
	(reasonable cause required—explain in Part VI). See	a segular series of the Links Market Colors		The state of the s
	instructions.	The second of		War Salantina Car
_3	Excess distributions carryover, if any, to 2017		建气管装度 有某种	
a				
b	From 2013	· 10 10 10 10 10 10 10 10 10 10 10 10 10	分位的研究的激	
c	From 2014	The said of the	是是不成为的工作	
d	From 2015			
е	From 2016	4		
f	Total of lines 3a through e		The state of the state of the state of	e do la time total allegations
<u>g</u>	Applied to underdistributions of prior years	14.3.7.7.8.5.5		
<u>h</u>	Applied to 2017 distributable amount			C hall the second of the secon
	Carryover from 2012 not applied (see instructions)	这种研究的		S Share S S S S S S S S S S S S S S S S S S S
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	The order age of the state of		Section Section 2
4	Distributions for 2017 from	and have been a second	A STATE OF THE STA	The second second
	Section D, line 7: \$			A PROPERTY NAMES OF THE PARTY O
a	Applied to underdistributions of prior years	Since the second of the second of		A A A A A A A A A A A A A A A A A A A
b	Applied to 2017 distributable amount			William Europe William William William Francis
c	Remainder. Subtract lines 4a and 4b from 4.	ことにおいて、現場、相当の事でなっています。	<u> </u>	
5	Remaining underdistributions for years prior to 2017, if	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	any. Subtract lines 3g and 4a from line 2. For result	Programme and the second		ar of Manager and Manager Ar
	greater than zero, explain in Part VI. See instructions.		The same of the William St. Co.	1 (32 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	Remaining underdistributions for 2017. Subtract lines 3h		and other than the same of the same of	
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	and the transfer of	The Property Commence	
				ATT WEBSINESS OF STREET
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			A STATE OF THE STA
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			**************************************
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017	· 加工的工作。	The state of the s	THE WAS TO SEE THE SECOND

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	······································

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Tazew	ell County Habitat for Humanity, INC		54-1883050
Par			
	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		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .	<u> </u>	<u> </u>
4	Aggregate value at end of year	<u></u>	
5	Did the organization inform all donors and donor	-	
	funds are the organization's property, subject to the		D 1 D
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
		<u> </u>	· · · · · · · · · Yes . No
Par		(0/ 11 - E - 000 E - 11)/ 11 - 7	
	Complete if the organization answered		<u>. </u>
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
2	Preservation of open space	old a qualified concentration contribute	on in the form of a concentation
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a quaimed conservation contributi	Held at the End of the Tax Year
_			<u> </u>
a	Total acreage restricted by conservation easemen	to	
b	Number of conservation easements on a certified		
c d	Number of conservation easements included in		
u		to addition after 7725/00, and not	· · 2d
3	Number of conservation easements modified, tran		
•	tax year ▶	or to	initiation by the organization during the
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		,
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$	_	
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · ·
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easem		
Par	III Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
р	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	·	ducation, or research in furtherance of
	public service, provide the following amounts relat		► ♠
	(i) Revenue included on Form 990, Part VIII, line 1		💆 💲
2	(ii) Assets included in Form 990, Part X		
2	following amounts required to be reported under S		
_			
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		
L)	raseta muluudu iii fuiiii yyu, fait A		3

Part	Organizations Maintaining	Collections of	Art, His	orical T	reasures,	or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ds, chec	k any of the	e follow	ving that are a	signıfican	t use of its
а	☐ Public exhibition		d	Loan	or exchange	e progr	ams		
b	☐ Scholarly research								
C	☐ Preservation for future generations	S							
4	Provide a description of the organizat XIII.	tion's collections a	ind expla	un how t	hey further f	the org	anization's exe	empt purp	ose in Part
5	During the year, did the organization								
	assets to be sold to raise funds rather		ined as p	part of the	e organizatio	on's co	llection?	. <u> </u>	es 🗌 No
Part									
	Complete if the organization 990, Part X, line 21.						•		n Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								es 🗸 No
þ	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:			Amount	
_	December befores						 	Amount	
C	Beginning balance					10			1113
d	Additions during the year Distributions during the year					1d 1e	 	-	1900
e f	Ending balance					1f			1860
2a	Did the organization include an amoun							h/2 [7] V /	1153
	If "Yes," explain the arrangement in P							-	
	V Endowment Funds.	are Allin Griddic Hore	3 11 1110 02	tpia iatio	THUS BEET	provide	d on a diexiii	`: :	<u> </u>
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	10.			
		(a) Current year	(b) Pri		(c) Two years		(d) Three years ba	ck (e) Four	r years back
1a	Beginning of year balance								
b	Contributions					-1			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships					1	·····		
е	Other expenditures for facilities and				·				
	programs					j			
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t			e (line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowment	nt >	_%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	<u></u> %							
	The percentages on lines 2a, 2b, and	2c should equal 10							
3a	Are there endowment funds not in the organization by:	e possession of th	e organi	zation tha	at are held a	and adi	ministered for t	the	Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
þ	If "Yes" on line 3a(ii), are the related o							. 3b_	
4	Describe in Part XIII the intended uses		n's endo	wment for	unds.				
Part			. –			44 4			
	Complete if the organization								
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated preciation	(d) Boo	ok value
1a	Land	.					1.5-		
b	Buildings								
С	Leasehold improvements	•							
d	Equipment	·							
<u>e</u>	Other			L					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part)	(, column	i (B), line 10	c.)	<u> ▶ </u>		

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11b. See Form 990, Part 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 value
(1) Financial	derivatives		
	neld equity interests		
(3) Other	·		
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		 	
(2)		T	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13) ▶		<u></u>
Part IX	Other Assets.	000 Dart IV II-	444 O F 000 D-+V li 45
	Complete if the organization answered "Yes" on F (a) Description	orm 990, Part IV, line	(b) Book value
(4)	(a) Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Book value		THE STATE OF THE S
(1) Federal in		- Salatan Salatan Salatan	men tid tid tid general state of the state o
(2)		The state of the s	The second of th
(3)			Commence of the second
(4)			Command Comman
(5)			The state of the s
(6)		The state of the s	and the state of t
(7)			The state of the s
(8)		an and a second	The state of the s
(9)		The second second	
	b) must equal Form 990, Part X, col. (B) line 25) ▶	See 1	
	r uncertain tax positions. In Part XIII, provide the text of the foo		
organization	s liability for uncertain tax positions under FIN 48 (ASC 740). C	heck here if the text of th	ne footnote has been provided in Part XIII 🔲

Part	ର୍ D (Form 990) 2017 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Page 4
, i ai c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	newn.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	٠,
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	c -
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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	r \
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.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	*
b	Prior year adjustments	
C	Other losses] -
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	,
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	
Escro	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in w payments for only two clients are included in their monthly payments. The escrow payments are included arate worksheet is kept for each client. Annual insurance premiums and property tax (city and county) are pa	in the operating account.
clients		·
		·
		•

Schedule,D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
· -		
		
		
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		-

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**17**

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Tazewell County Habitat for Humanity ,INC	54-1883050
VI. Section B 11b. The completed Form 990 was presented to the Board of Directors at the May 7th me	eting. Prior to the board meeting two
directors reviwed the 2017 financial reports and compared the prior year Form 990 to the 2017 Form 99	90.
VI. Section B 12c . All transactions including the monthly expenses and the acquisitions or disposal o	f real property are presented to the
full Board of Directors on our regular monthly meeting for approval.	
VI Section C19. There have been no request for documents, policies or financial statements during 20	17
XI Line 9 Rounding difference of \$3.00	
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