EXTENDED TO MAY 15, 2019

**Return of Organization Exempt From Income Tax** 

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

Open to Public

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. internal Revenue Service

Inspection

<u>A I</u>	For the	2017 calendar year, or tax year beginning JUL 1, 2017 and e	ending (	<u>JUN 30, 2018</u>	<u> </u>
В	Check if	C Name of organization		D Employer identif	ication number
_	applicable	HABITAT FOR HUMANITY OF THE LEXINGTON,	,		
	Addres change	NORTH CAROLINA AREA, INC.			
	Name change	Doing business as		56-1	.627729
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	, –	
	Final return/	P.O. BOX 543		336-	249-6266
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	331,455.
	Amend	LEXINGION, NC 27233-0343		H(a) Is this a group r	
	Application			for subordinates	s? Yes X No
	pendin	P.O. BOX 543, LEXINGTON, NC 2/293		H(b) Are all subordinates i	ncluded? Yes No
<u>T.</u>	Tax-exe	mpt status X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) o	or 1 52	-	list (see instructions)
		e: N/A		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	r of formation: 1988 i	M State of legal domicile: NC
Pa		Summary			
به		Briefly describe the organization's mission or most significant activities CREAT			
Governance	1 1	HOUSING FOR THOSE IN NEED, AND TO MAKE DE	CENT	SHELTER A M	ATTER OF
Ë	2 (	Check this box   if the organization discontinued its operations or dispositions.	<b>RECIP</b>	e that 26% of its net a	ssets
8		Number of voting members of the governing body (Part VI, line 1a)		) 3 3	14
ಇ		Number of independent voting members of the governing body (Part VI, II <mark>f (2</mark> 1b) ्	DAV 1	c 2010   0   4	14
es	5 7	Fotal number of individuals employed in calendar year 2017 (Part V, line 2	MAY 1	6 2019 O 5	11
Activities &	6	Total number of volunteers (estimate if necessary)			0
ç	7a 1	Fotal unrelated business revenue from Part VIII, column (C), line 12	OGDE	N, UT 7a	0.
_	bl	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)		<u>35,755.</u>	10,893.
	9 F	Program service revenue (Part VIII, line 2g)		322,683.	
	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		9,426.	
щ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>68,880.</u>	
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		436,744.	325,103.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		143,874.	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b 7	Fotal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>352,340.</u>	
33	18 7	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		496,214.	
₹_	19 F	Revenue less expenses Subtract line 18 from line 12		-59,470.	-21,845.
ices Sec			В	eginning of Current Year	End of Year
Set	20 1	Total assets (Part X, line 16)		<u> 1,665,067.</u>	
Wer Assets or V	21	Total liabilities (Part X, line 26)		<u>396,618.</u>	
<u>\$</u> .	22 1	Net assets or fund balances Subtract line 21 from line 20		1,268,449.	1,246,604.
<del></del>	art II	Signature Block			
		ties of perjury, I declare that I have examined this roturn, including accompanying schodules			ny knowledge and belief, it is
true	, correct	, and complete/Declaration of preparer (other than officer) is based on all information of wh	iich brebare	er has any knowledge	<del></del>
ζ	Ì	N - Wandy ( 10/4)			8-19
Šig	n	Signature of officer		Date	
Hei	re	WENDY NORRIS, PRESIDENT			
		Type or print name and title		Deta la f	DTIN
	ĺ	Print/Type preparer's name Preparer's sylviature		Date Check [	PTIN
Paid		JOHN D. HUNEYCUTT Sand Am		5/1/19 self-emplo	
	parer	Firm's name TURLINGTON AND COMPANY, L.L.P.		Firm's EIN	<u> 56-0817345 _</u>
Use	Only	Firm's address P.O. BOX 1697			.0.6\.0.45
		LEXINGTON, NC 27293-1697		Phone no. ( 3	36)249-6856
<u>Ma</u>	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
7320	001 11-28	3-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2017)

			· · · · · · · · · · · · · · · · · · ·		
Expenses \$1	<u>50,741.</u>	including grants of \$		) (Revenue \$	<u>167,975.</u> )
<u></u>	<del></del>				
	<u>.                                      </u>				
				<u></u> .	
vices (Describe in Sche	dule O)		<u></u>		
. <u>.</u> ir			) (Revenue \$		)
ice expenses	166	5,206.			
_	vices (Describe in Sched	vices (Describe in Schedule O )	vices (Describe in Schedule O )	vices (Describe in Schedule O ) including grants of \$ ) (Revenue \$	vices (Describe in Schedule O ) including grants of \$ ) (Revenue \$

Form 990 (2017)

# HABITAT FOR HUMANITY OF THE LEXINGTON, NORTH CAROLINA AREA, INC.

ADO 6 56-1627729 Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		<u>X</u>
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		_X_
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_		<u>X</u> _
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		_X_
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
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_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_	-	X
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		ĺ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	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	11b	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	טוו		
С	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		x
	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	110		- 25
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		. —	
'	the organization's separate of consolidated limit classification of the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	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		Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 _
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		X
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		X
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	17		<u> X</u>
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	X	
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	000	X
		Form	990	つい171

# HABITAT FOR HUMANITY OF THE LEXINGTON, Form 990 (2017) NORTH CAROLINA AREA, INC. Part IV Checklist of Required Schedules (continued)

			162	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 19 If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	(2017)

732004 11-28-17

Form 990 (2017) NORTH CAROLINA AREA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance 56-1627729 Page 5

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	-		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and it	reporta	ble gaming	]		
	(gambling) winnings to prize winners?	•		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					i
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR)			اً ۔ا
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 transfer	action?	•	5b		X
	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 t	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
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 and se	rvices (	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred			
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	et?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7 <del>f</del>		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					~ _i
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<del></del>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<del></del>
10	Section 501(c)(7) organizations. Enter	ı	1			i
	Initiation fees and capital contributions included on Part VIII, line 12	10a		<b>,</b>		l i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter	1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b	<u></u> .	:	**	- 1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		Í	12a		<del></del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ŀ		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-	-	<del> </del> '
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<del>                                     </del>
۵.	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	405	1			
_	organization is licensed to issue qualified health plans	13b		{		
	Enter the amount of reserves on hand  Did the organization receive any payments for indeer tanging services during the tax year?	13c		14-		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	In ()		14a 14b	_	<del></del>
<u> </u>	in 103, mas it lifed a 1 offit / 20 to report these payments / in 140, provide an explanation in schedu	<u></u>			990	(2017)
						(~~·/

Form 990 (2017)

NORTH CAROLINA AREA, INC.

56-1627729

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

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 14			.		
	If there are material differences in voting rights among members of the governing body, or if the governing		•	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		,		
_	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		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		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
٠	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			
	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
9	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)					
	tion D. F. Onotoo (This decition B requests information about policies not required by the internal revenue Good,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Х			
12a		12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120				
·	In Schedule O how this was done	12c	х			
13	Did the organization have a written whistleblower policy?	13	X			
	Did the organization have a written document retention and destruction policy?	14	X			
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	-:-		<u> </u>		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official	15a	X	'		
	Other officers or key employees of the organization	15b	X			
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		l i		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
104	taxable entity during the year?	16a	* <b>-</b>	X		
<b>L</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104	·· <del>-</del> ···			
b	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		J		
800	exempt status with respect to such arrangements? tion C. Disclosure	IOD	l .			
17	List the states with which a copy of this Form 990 is required to be filed NC  Section 5104 requires an experience to make its Forms 1033 (or 1034 if applicable), 990, and 990 T (Section 501(c)(3)s only).	availah	مام			
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) for public inspection, indicate how you made these available. Check all that apply	uvallat				
	for public inspection. Indicate how you made these available. Check all that apply.  Own website. Another's website. X Upon request. Other (explain in Schedule O)					
40	· · · · · · · · · · · · · · · · · · ·	d f	orol			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the terms to a white divine the towner.	ı ıman	cial			
00	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					
	TERESA WAGNER - 336-249-4307  P.O. BOX 543 LEXINGTON NC 27293					

NORTH CAROLINA AREA,

56-1627729

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and 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 roportable componsation 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

X Check this box if neither the organiz (A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	$\vdash$			1000	T	100,	from the	from related organizations	other compensation
•	hours for	Individual trustee or director				, .		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			Highest compensated employee		(W-2/1099-MISC)	(** = *********************************	organization
	organizations	l trus	Institutional trustee		кеу етріоуее	d E O				and related
	below	lvidu	ttuto	Officer	E .	plest (	Former			organizations
	line)	를	ž.	₹	ā	₹5	虚	1		
(1) PHIL MICKEY	1.00								•	0
DIRECTOR	1 00	X	-					0.	0.	0.
(2) GARY BOWERS	1.00	7,						0	•	•
DIRECTOR	1.00	X			ļ	├		0.	0.	0.
(3) WALTER HOFFMAN	1.00	X						0.	ο.	0.
DIRECTOR	1.00	^					┢	Ų.	0.	0.
(4) JAMIE ARMSTRONG	1.00	X	İ					0.	0.	0.
DIRECTOR (5) LEE JESSUP	1.00	<u> </u>			$\vdash$	<u> </u>	$\vdash$	0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(6) DAN MATTHEWS	1.00							0.		
DIRECTOR		X			İ			0.	0.	0.
(7) AMANDA COOPER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MICKEY SHARPE	1.00									-
DIRECTOR		X						0.	0.	0.
(9) RONA LOCKHART	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(10) ANNA MCCULLOCH	1.00								_	_
DIRECTOR		Х	_					0.	0.	0.
(11) WENDY NORRIS	4.00	ļ								•
PRESIDENT	4 00	<u> </u>	_	X		<u> </u>		0.	0.	0.
(12) LORI CLEMENT	4.00	{		3,7						0
VICE PRESIDENT	2.00			X		-		0.	0.	0.
(13) TRAVIS ZUBKE	2.00	1		v				0.	0.	0.
TREASURER	2.00	$\vdash$		Х	<u> </u>	<del> </del>		0.	0.	0
(14) ROBERT B. SMITH III SECRETARY	2.00	1		x				0.	0.	0.
(15) MARJORIE PARKER	30.00	<del>                                     </del>	-	A				· · · · · · · · · · · · · · · · · · ·	0.	
EXECUTIVE DIRECTOR	30.00			X				0.	0.	0.
DALECTIVE DIRECTOR					-	-		•		•
		1								
						Γ	_			
		1								

Pai	T VII Section A. Officers, Directors, Trus		ploy	/ees			ghe	st C				ι				
	(A) Name and title	(B) Average hours per week	box	not c	Pos check ess pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount other			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	org an	pensa rom the ganizat d relat anizati	e ion ed		
						_×_	- 0									
	··									•						
						•										
										···						
1b	Sub-total Sub-total	<u> </u>	1					<b>&gt;</b>	0.		0.			0.		
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.		
2	Total (add lines 1b and 1c)  Total number of individuals (including but r	not limited to th	ose		ed al	bove	 e) wh	no re		,000 of reportab		l	-			
	compensation from the organization												Yes	No		
3	Did the organization list any former officer			e, ke	ey er	nplo	yee	, or l	highest compensated e	mployee on			168	X		
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co							the organization		3  4		X		
5	Did any person listed on line 1a receive or	accrue compei	nsat	ion f	from	any	unr/			dual for services	,			,		
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	<u>e J f</u>	or s	uch	pers	son					5		<u> </u>		
1	Complete this table for your five highest co										npens	ation	from			
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	<u>ithir</u>	the organization's tax (B)	year			C)			
	Name and business	address	N	INC	<u> </u>				Description of s	ervices			nsatio	n		
								_								
							~									
	-															
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot li	mıte	d to		se li:	sted	l above) who received n	nore than						

	li .		Check if Schedule O conti	ains a respons	se or note to any lir	ne in this Part VIII			
**************************************	XXXXX XXXX XXX XXX XXX XXX XXX XXX XXX	XX X X X X X X X X X X X X X X X X X X				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS		]3002p.	Eodorotod campaigne	, 101,000 64.00 64.00 60.00 101.00 .		######################################	######################################	** *** *******************************	FIGURE STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
ant	'		Federated campaigns  Membership dues	1a 1b	<del></del>	## 13	A CARL MARKET THE RESTRICT THE	NAME OF THE PERSON OF THE PERS	
۾ ۾			Fundraising events	1c					
ifts ir A		C	Related organizations	1d	, , ,	S & SERVING PROPERTY OF THE PR	A THE TANK OF THE PROPERTY OF	THE COURT OF THE C	THE TAXABLE PROPERTY OF THE TAXABLE PROPERTY OF THE TAXABLE PROPERTY OF THE TAXABLE PROPERTY OF THE TAXABLE PROPERTY OF TAXABL
<u>n</u> ,G		, d	Government grants (contributi			ATTACA TO A TO A TO A TO A TO A TO A TO	THE THE TENE AT THE PER AN AREA TO THE PER AN AREA TO THE PER AND THE PER AN AREA TO THE PER AND THE PER AN AREA TO THE PER AND THE PER AN AREA TO THE PER AN AREA TO THE PER AN AREA TO THE PER AN AREA TO THE PER AN AREA TO	ATTACHER 1 145 - FRE ARREST NO.	
Sign		e f	All other contributions, gifts, grant					A CONTRACTOR OF THE CONTRACTOR	
호		,	similar amounts not included above		10,893.	PART TO THE PROPERTY OF THE PR	THE THE TAKE THE THE TAKE THE		
至至	•	_	Noncash contributions included in lines						CORP. 1-27 100 20 100 2 2 172 2 172 172 172 172 172 172 172 1
Contributions, Gifts, Grants and Other Similar Amounts	-	h	Total. Add lines 1a-1f		<b>•</b>	10,893.	PALE AND SELECT STATE OF THE SELECT STATE OF T		
		,		,	- Business Code	RAAD PP A SPRANKI NOT ALLERE AND			
به	2	2 a	RESTORE	· .	452000	167,975.	167,975.	-	
5	٠.	b	MORTGAGE LOAN D	ISCOUNT		66,223.			
Program Service Revenue		,с	TRANSFERS TO HO			18,417.			,
eve		d		•					
B		е	, , , , , , , , , , , , , , , , , , , ,	*		,			
Ā		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f		* •	252,615.			
	3	3	Investment income (including	dividends, inte	erest, and	,		,	
			other similar amounts)		<b>•</b>	5,676.			5,676.
	4	٠ ا	Income from investment of tax	k-exempt bong	proceeds >				,
	5	5	Royalties	,		AT THE RESERVE ASSESSMENT AND D	FIRST APP COLUMN TRANSPORT VALUE OF THE SERVICE OF	AN DINGKANAA MAYANAANA DATI ITA	****** ********************************
			- · · · · · · · · · · · · · · · · · · ·	· (i) Real	(ii) Personal	PART CLASS TO THE REAL PROPERTY OF THE PARTY	CONTRACTOR CONTRACTOR	A CONTRACT OF STATE O	
	6	-	Gross rents	35,343		SAN 19. 14 492 K CONST WANT BAN CO	TO THE RESERVE THE CYTERS AND THE SECOND SEC	AT AT AT A PARK B SHALPH TO THE A PARK B TO TH	AND THE WAR AND THE STREET AND THE S
		b	Less rental expenses		<u> </u>		1		
		C.	Rental income or (loss)	35,343			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	_	d	Net rental income or (loss)			35,343.			35,343.
	7	a	Gross amount from sales of	(i) Securities	s (II) Other	STANDARY CON SECURITY STANDARY SECURITY STANDARY SECURITY STANDARY SECURITY	TO THE STATE OF TH	SERVING THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	THE TAXABLE PROPERTY OF THE PR
			assets other than inventory. Less cost or other basis		-				
		D	and sales expenses			SMEDY NO NAME AND AND SAME OF THE SAME OF THE SAME NAME OF THE SAME  HAT MEN PLANT EN UN 127 THE THE PROPERTY OF THE THE PROPERTY OF THE PROPERTY O	HARK-PRINT OF CH. BAN-NAKHANAKAN PRINT JAN HAR UAN AKENAK ARTHAN JAN HAR UAN AKENAK ARTHAN JAN HAR UAN AKENAK ARTHAN JAN HAR UAN AKENAK ARTHAN JAN HAR UAN AKENAK ARTHAN JAN HAR UAN AKENAKAN ARTHAN JAN HAR UAN AKE	THE NAME OF THE PARTY OF THE PA	
		_	Gain or (loss)		-		THE RESERVE THE PROPERTY OF TH	THE STATE OF THE S	XXXX, 77 NINEL 77 NINEPPR NI NI NI NINE KANTANI PA NI NI NI NI NI NI NI NI NI NINE KANTANI NI NI NI NI NI NI NI NINE KANTANI NI
		c C	Net gain or (loss)				Figural Control of the Control of th		Zerzelk dieg ward erroren lener
4.	g	u La	Gross income from fundraising	n events (not			ATTENDED AND ATTENDED		
nue	٠	, u	including \$	of				PATENTAL AND PATEN	
eve			contributions reported on line					TOTAL LOCAL PROPERTY OF A SAMPLE OF THE PROPERTY OF THE PROPER	REP JEFF SIGN REST N. AT A TOPPONT OF THE SECOND STREET, STREE
Ϋ́	-		Part IV, line 18	,	a 26,928.		CAMPING   TEXT   MACHINE   RESERVE STATES   CONTROL	Y TO A SAME TO THE TAXABLE PROPERTY OF THE PRO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other Reven		b	Less direct expenses		ь 6,352.		12000   15-140	PRINCESS LEADER BY THE PRINCESS AND ADMINISTRATION OF THE PRINCESS AND ADMINISTRATION	THE THE SECRET PROPERTY OF STATE OF THE SECRET PROPERTY OF STATE OF THE SECRET PROPERTY OF STATE OF THE SECRET PROPERTY OF STATE OF THE SECRET PROPERTY OF STATE OF THE SECRET PROPERTY OF THE SECRET PROPERTY OF THE SECRET
0		С	Net income or (loss) from fund	Iraising events		20,576.	2 x 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20,576.
	9	) a	Gross income from gaming ac	_		10 15 15 15 15 15 15 15 15 15 15 15 15 15	120 15 15 15 15 15 15 15 15 15 15 15 15 15	AND THE PROPERTY OF THE PROPER	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT
			Part IV, line 19		a	THE TAX NAME AND TAXABLE OF TAXAB		PARTIE TO TRANSPORT A PROPERTY OF THE PROPERTY	
		b	Less direct expenses		b	NEW BEGINNESS TO THE STREET	CALL SECTION OF SECTIO	315 (\$\frac{1}{2}\frac{1}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}	
		C	Net income or (loss) from gam	ing activities	<u> </u>			Jw and (MINNAMANANAMA PANAMA)	EL RESEVAND LAGOLISMA & TAYAGESEN
	10	) a	Gross sales of inventory, less	returns		RELEGISHMENTER CO. WARREST TO THE CONTROL OF THE CO	Washing Carling Carry Transcript	FOR A STANDARD CONTROL OF THE	NEW TENENCE OF THE STATE OF THE
			and allowances		а	Transfer Tra	THE TRANSPORT OF THE PROPERTY	THE PROPERTY OF THE PROPERTY O	200 00 00 00 00 00 00 00 00 00 00 00 00
			Less cost of goods sold		p, ,	PRINTER STATES AND THE STATES OF THE STATES	**************************************	37-425- 175-17 (1957-170 F. 1957-170 F	
	_	c	Net income or (loss) from sale			758907, ***	A MANAGEMENT TO THE PROPERTY AND THE	NAMES OF THE PERSON OF THE PER	445340000000000000000000000000000000000
-	_		Miscellaneous Revenu	e	Business Code	20000000000000000000000000000000000000			
	11	l a		•	-			,	
		þ	•	· · · · · · · · · · · · · · · · · · ·	-				-
		С	All all a				-		
		d	All other revenue		<u> </u>		Hilandinasa - Republican - Chil	Lightingskillikisastenstes	29 <b>97498</b> 98888822422422322427254
	ء د		Total. Add lines 11a-11d	•	· •	325,103	252,615.	0 •	61,595.
	12	<u> </u>	Total revenue See instructions.		<b>P</b>	I JEJ, IUJ.	<u>, 434,013.</u>	<u> </u>	<u> </u>

56-1627729 Page 10

Secti	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo	-		omplete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) .Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			2 (1975)	de del carte de l'agricol de l'agricol de la company de la
	and domestic governments. See Part IV, line 21.			CHARLES AND TO THE STATE OF THE	\$1000 0000 0000 0000 0000 0000 0000 000
2	Grants and other assistance to domestic			2007 - 20	
	individuals See Part IV, line 22	· <u>-</u> -		]	and the grade and the first that the first the second seco
3	Grants and other assistance to foreign	•	,	TOWN THE PERSON OF THE PERSON	THE STATE OF THE S
	organizations, foreign governments, and foreign	•	·		THE RESERVE OF THE PROPERTY OF
	Individuals See Part IV, lines 15 and 16	~		THE STREET STREET STREET STREET STREET STREET	FOR THE SECOND FOR THE ASSESSMENT OF THE SECOND SEC
4	Benefits paid to or for members			ASSAGE VERSON CALLED TO A STATE AND A STATE A	\$4. 4484 \$285.1885485 CDX 5 \$1.2950 1683.91851
5	Compensation of current officers, directors, trustees, and key employees	51,997.	,	51,997.	
6	Compensation not included above, to disqualified	<u> </u>		<u> </u>	
O	persons (as defined under section 4958(f)(1)) and				*
	persons described in section 4958(c)(3)(B)		<i>;</i>	, ,	
7	Other salaries and wages	100,385.	78,043.	22,342.	
8	Pension plan accruals and contributions (include	100,303.	70,043.	22,342.	
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,800.	2 400.	2,400.	
10	Payroll taxes	12,024.	2,400. 6,386.	5,638.	
11	Fees for services (non-employees)	12,021.	0,300.	3,000.	
'' a	Management	3,449.		3,449.	
b	Legal	2,971.		2,971.	
c	Accounting	6,000.	3,000.	3,000.	
d	Lobbying	5,7000	<b>5</b> /5555		
e	Professional fundraising services. See Part IV, line 17	<u> </u>			
f	Investment management fees		55	, , , , , , , , , , , , , , , , , , , ,	· <del>-</del> ·
g	Other (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch 0.)	7,105.	2,355.	4,750.	
12	Advertising and promotion	1,663.	1,033.	630.	
13	Office expenses	7,547.	277.	7,270.	
14	Information technology			·	
15	Royalties				
16	Occupancy	18,654.	15,573.	3,081.	
17	Travel	3,799.	3,440.	359.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	306.		306.	
20	Interest	3,921.	2,941.	980.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,272.	1,000.	23,272.	
23	Insurance	23,179.	10,338.	12,841.	C. MARCILL SAN DO NO DO
24	Other expenses. Itemize expenses not covered	2 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CREASE WIFE AND AND AND AND AND AND AND AND AND AND	A   E   A   A   A   A   A   A   A   A
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	1 phonound Screen and	TOO CONTRACTOR OF THE PROPERTY		**************************************
	amount, list line 24e expenses on Schedule 0.)	THE PERSON AND THE PE	STATE TO SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES.	SERVICE STATE STATES OF STATES	
а	TAXES AND LICENSES	17,110.	12,636.	4,474.	
b	BAD DEBTS	13,878.	13,878.	2 2 2 2 2	
С	OTHER	11,859.	2,482.	9,377.	
d	REPAIRS AND MAINTENANCE	10,891.	40 404	10,891.	
	All other expenses	21,138.	10,424.	10,714.	
<u>25</u>	Total functional expenses Add lines 1 through 24e	346,948.	166,206.	180,742.	0.
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)				

NORTH CAROLINA AREA, INC.

<u>rai</u>	<b>洪大</b> 洪	Balance Sneet				<del> </del>
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	. Cash - non-interest-bearing		165,600.	1	187,475
	2	-Savings and temporary cash investments	• •	,	2 -	,
	3.	Pledges and grants receivable, net	•	\ - <sup>4</sup>	3	
	4	Accounts receivable, net		,	4	
	5	Loans and other receivables from current and fo	rmer officers, directors,		1843° - 1841 18236° - 1841	
	_	trustees, key employees, and highest compensa		1331-58-231-58-23-58-38-38-38-38-38-38-38-38-38-38-38-38-38		
٠.		Part II of Schedule L	*	"一句" "我就你就说话。" 《《清明》 (《《明记》 《清二》 《清明》 《《清明》 "《	5	ALECTRICAL TRANSPORT OF THE PARTY OF THE PAR
	6	Loans and other receivables from other disqualif	ed persons (as defined under		3311 34	
		section 4958(f)(1)), persons described in section		THE THE CONTROL OF TH		TO THE THE PERSON OF THE PROPERTY OF THE PERSON OF THE PER
		employers and sponsoring organizations of secti				
s	,	employees' beneficiary organizations (see instr)		. HOLL IN MERCA LINES TO COMME. PROBLEM TO THE SECTION OF THESE	6	guarmegua apmana ang magameng at danaman mulan non
Assets	7.:	Notes and loans receivable, net	629,753.	7	525,711	
, As	8	Inventories for sale or use			. 8	
``	∶g.	Prepaid expenses and deferred charges	•		9	1,190
	_	Land, buildings, and equipment cost or other			1994	
		basis Complete Part VI of Schedule D	10a 925,971			
		Less accumulated depreciation	10b 137,710		10c	. 788,261
	11	Investments - publicly traded securities		,	11	
Ť	12	Investments other securities See Part IV, line 1	1 ' -	74,952.	12	80,568
	13	Investments - program-related See Part IV, line 1		,	13	
	14	Intangible assets	•		14	
	15	Other assets See Part IV, line 11		11,602.	15	4,956
	16	Total assets. Add lines 1 through 15 (must equa	il line 34)	1,665,067.	16	1,588,161
	17	Accounts payable and accrued expenses		18,828.		10,522
	18	Grants payable	,	18		
	19	Deferred revenue		19		
	20	.Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D	26,226.	21	23,797
s	22	Loans and other payables to current and former				
i i		key employees, highest compensated employee		THE RESERVE AND ASSESSMENT OF THE PROPERTY OF	100 100 100 100 100 100 100 100 100 100	
Liabilities		Complete Part II of Schedule L	,	4 - Mar - Str. at Wildows 12 in July 2009/98/02/20/20/20/20/20/20/20/20/20/20/20/20/	22	LEGIT JANE AN SHIERING OF LANCE OF LEGISLES CONTRIBUTIONS
دّ	23	Secured mortgages and notes payable to unrela	ted third parties	351,564.	23	307,238
	24	Unsecured notes and loans payable to unrelated	•	•	24	` ` `
,	25	Other liabilities (including federal income tax, pay	•	ē		-
		parties, and other liabilities not included on lines				
		Schedule D	,		25	
	26	Total liabilities. Add lines 17 through 25		396,618.	26	341,557
		Organizations that follow SFAS 117 (ASC 958)	, check here X and	THE WHAT INDICATED A THAT IN CAR THAT IN C		**************************************
ပ္သ		complete lines 27 through 29, and lines 33 and	•	CONTROL PARTY OF STREET, THE S	**************************************	ARREST THE STATE OF THE STATE O
ဦ	27	Unrestricted net assets	•	1,268,449.	27	1,246,604
aga	28	Temporarily restricted net assets			28	
9		Permanently restricted net assets		•	29	
Net Assets or Fund Balances	•	Organizations that do not follow SFAS 117 (AS	SC 958), check here	NAME OF THE PROPERTY OF THE PR		MANAGEMENT AND AND AND AND AND AND AND AND AND AND
卢.		and complete lines 30 through 34.	,, -,	THE SAME AND A SECOND PROPERTY OF THE SA	Kun	CONTROL OF THE PROPERTY OF THE
ts	30	Capital stock or trust principal, or current funds		AR-PARTMENT ALBERTANCE CHE IN MINISTER PARTMENT AND ENGLISHED	30	AND A DESCRIPTION OF THE THE STANDARD MANAGEMENT MANY KEES OF THE STANDARD MANAGEMENT MANY MANAGEMENT MANY MANAGEMENT MANAGEMEN
SSE	31	Paid in or capital surplus, or land, building, or eq	uipment fund		31	
ĭ.	32	Retained earnings, endowment, accumulated inc			32	
9		Total net assets or fund balances		1,268,449.		1,246,604
z	33					

	. IMBITAL LOW HOLDWITT OF THE DEMINGTON,				
Form	990 (2017) NORTH CAROLINA AREA, INC.	<u> 56-1</u>	627729	Pa	ge <b>12</b>
Pai	rt 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	32	5,1	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34	<u>6,9</u>	48.
3	Revenue less expenses Subtract line 2 from line 1	3	-2	1,8	<u>45.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,26	<u>8,4</u>	<u>49.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,24	<u>6,6</u>	04.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduli	e O		<b>~</b> .	
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 reviewe	d on a			
	separate basis, consolidated basis, or both				'
	Separate basis Consolidated basis Both consolidated and separate basis			~ -	[ .]
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			1
	consolidated basis, or both				
	Y Separate hasis Consolidated hasis Both consolidated and separate hasis				1

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

Act and OMB Circular A-133?

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

HABITAT FOR HUMANITY OF THE LEXINGTON,

2017

Open to Public Inspection

**Employer identification number** 

56-1627729 NORTH CAROLINA AREA, INC. Part I 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). 1 2 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). 3 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 séction 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). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 33 1/3% 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 33 1/3% 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). 11 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 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.

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

f Enter the number of supported organizations

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 NORTH CAROLINA AREA,

Part II Support Schedule for Organizations Described in S Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5.7 or 8 of Part Loref the account.

Schedule A (Form 990 or 990-EZ) 2017

	fails to qualify under the tests	s listed below, plea	ise complete Part	III) .			,
Se	ction A. Public Support			<del>.</del>			
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and				•		٠,
	membership fees received (Do not		, •	·	. ,	. 1	
	include any "unusual grants ")	5,251.	44,898.	. 6,611.	35, <u>75</u> 5.	10, <u>893</u> .	103,408.
. 2	Tax revenues levied for the organ-	,	,				
	ization's benefit and either paid to		,				*,
	or expended on its behalf	, .	,				
3	The value of services or facilities		•				•
	furnished by a governmental unit to	ļ		'. ·	, i		
	the organization without charge ' ·		Ť		-		
4	Total. Add lines 1 through 3	5,251.	44,898.	6,611.	35,755.	10,893.	103,408.
5	The portion of total contributions					A PROPERTY OF THE PROPERTY OF	٠, ٠
	by each person (other than a	THE TAX OF THE PROPERTY OF THE		TOTAL AND THE STATE OF THE STAT	I BANTO WARE TO A VINCENT OF SALES	E LA CONTRACTOR DE LA C	. •
	governmental unit or publicly	24 - 125 (1974 ) 12 4 4 7 12 12 12 12 12 12 12 12 12 12 12 12 12					
	supported organization) included '						٠.
	on line 1 that exceeds 2% of the				TO THE LOCATION OF THE PROPERTY OF THE PROPERT		
•	amount shown on line 11,				Indiana and the second	NY ANDREAS AND AND AND AND AND AND AND AND AND AND	
	column (f)			TOTAL TOTAL CONTROL OF THE STATE OF THE STAT	* ************************************	2 x 2 x 2 x x 2 x x 2 x x 2 x x x x x x	
6	Public support. Subtract line 5 from line 4		TENENSER TO		**************************************		103,408.
	ction B. Total Support	-					, - =
Cale	endar year (or fiscal year beginning in) 🕨	, (a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	5,251.	44,898.	6,611.	35,755.	10,893:	103,408.
8	Gross income from interest,				•		
	dividends, payments received on			' '	`	*	
	securities loans, rents, royalties,			•			
	and income from similar sources	1,888.	6,523.	-3,323.	9,426.	5,676.	20,190.
9	Net income from unrelated business		•		•		•
, -	activities, whether or not the				1		
	business is regularly carried on						
10	Other income Do not include gain			-			
	or loss from the sale of capital			,			
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10			122181 1732 <b>N</b> 1417 5452525525 1551 164453.4551556.64445151856			123,598.
12	Gross receipts from related activities	, etc (see instruction	ons)			-12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage			, <del></del>	
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	83.66 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	86.85 <u>%</u>
16	a 33 1/3% support test - 2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1	•	•	'▶LXJ
1	o 33 1/3% support test - 2016. If the	organizatioń did no	t, check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶Ш
17:	a 10% -facts-and-circumstances tes	t - <b>2017.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					rt VI how the orgar	nization
	meets the "facts and circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization	•	▶□
-	o 10% -facts-and-circumstances tes					17a, and line 15 is	10% or .
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	
-	organization meets the "facts-and-cire	cumstances" test	The organization	qualifies as a publi	cly supported orga	anization	▶ 🛄
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	ind see instruction	s 🕨 🗀

Schedule A (Form 990 or 990-EZ) 2017 NORTH CAROLINA AREA, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

56-1627729

	(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 organia	zation fails to
_	qualify under the tests listed b	elow, please comp	plete Part II )			/	<u> </u>
	ction A. Public Support		T	<del> </del>			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20.1 <sup>7</sup>	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")					<del>//</del>	
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 bus-						
	iness under section 513				/		
4	Tax revenues levied for the organ-			/			
	ızatıon'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			/			
7 <i>a</i>	Amounts included on lines 1, 2, and		/	ĺ			
	3 received from disqualified persons					_	
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)	-		-			
	ction B. Total Support	<u> </u>		· -			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income	/					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					ļ	
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
	ction C. Computation of Publ			<del></del>		<del>                                     </del>	
	Public support percentage for 2017 (		•	column (f))		15	%
	Public support percentage from 2016					16	
	ction D. Computation of Inve					<del>-, , , , , , , , , , , , , , , , , , , </del>	
_	Investment income percentage for 20			ne 13, column (f))		17	%
18	, , ,					18	%
19a	33 1/3% support tests - 2017. If the						17 is not
	more than 33 1/3%, check this box a						. ▶∟
t	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che						<b>▶</b> ⊟
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a. or 19b. check ti	nis box and see ir	nstructions	

Schedule A (Form 990 or 990-EZ) 2017 NORTH CAROLINA AREA, INC

56-1627729 Page 4

## 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)

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain
- 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 organization was described in section 509(a)(1) or (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
- 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
- c 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
- 4a 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
- b 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
- 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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(R) purposes
- 5a 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)
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 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)
- 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)
- 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.
- 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.
- 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.
- 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 supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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_3c		
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9a		1
9b		
9c		
10a		
	<i>-</i>	
10b	<u></u>	

56-1627729 Page 5 Schedule A (Form 990 or 990-EZ) 2017 NORTH CAROLINA AREA, INC. Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c 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 Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization 2 Section C. Type II Supporting Organizations Yes No 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 the organization maintained a close and continuous working relationship with the supported organization(s) 2 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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). ☐ The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) Yes No 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 2a 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 "Ycs," 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. 2b 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. За 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

	edule A (Form 990 or 990 EZ) 2017 NORTH CAROLINA AREA, IN The Type III Non-Functionally Integrated 509(a)(3) Supporting			6-162//29 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. A
-	other Type III non-functionally integrated supporting organizations must co	_		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	.Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or	-		•
	collection of gross income or for management, conservation, or	- 1		
	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		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	** (M.)* (V.)		
	instructions for short tax year or assets held for part of year)	A APT PRACT	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
a	Average monthly value of securities	1a		
	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		
	Discount claimed for blockage or other	24, 17, 7 20-1, 18,4		
	factors (explain in detail in Part VI)	88 79 C	A A A A A A A A A A A A A A A A A A A	A MAN FIRE A MATERIAL OF THE STANDARD OF THE S
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		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	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	1-7-31-0382-12-12-13-039-039-039-039-039-039-039-039-039-03	
2	Enter 85% of line 1	. 2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	TOTAL PROPERTY OF THE STATE OF	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>	841244 C 3 Unitary and Balana 1 1005 472233	
•	emergency temporary reduction (see instructions)	6	No.	
7	Check here if the current year is the organization's first as a non-functiona			anization (see
-	instructions)	,	J. 111 J - 13	,

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 NORTH CAROLINA AREA, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount -(i) · (II) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 right, profesion esteroscopolicas Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any; to 2017 ndre procession de la company de la company de la company de la company de la company de la company de la comp a Preschenser and Communication -144 - 4777 - 1444 - 14 THE TENED TO SELECT THE PROPERTY OF THE PROPER **b** From 2013 c From 2014 And France Burge and Republication and the contraction of the contract d From 2015 e From 2016 f Total of lines 3a through e IN THE STATE OF TH g Applied to underdistributions of prior years uridanisellikalisika Mamakialasikanisika h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c 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 greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017	NORTH CAR	OLINA ARI	EA, INC.		<u>56-1627729 Page 8</u>
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1, Part IV, Section D, line Section D, lines 5, 6, and 8 (See instructions)	<b>nation.</b> Provide th 2, 3b, 3c, 4b, 4c, 5 nes 2 and 3: Part IV	ne explanations r a, 6, 9a, 9b, 9c, <sup>-</sup> /. Section E. lines	required by Part II, lin 11a, 11b, and 11c, Pa s 1c, 2a, 2b, 3a, and	art IV, Section B, lines 1 3b, Part V, line 1, Part V,	17b, Part III, line 12, and 2, Part IV, Section C, Section B, line 1e, Part V.
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# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

HABITAT FOR HUMANITY OF THE LEXINGTON, NORTH CAROLINA AREA, INC.

Employer identification number 56-1627729

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, Iir	ne 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)					
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 advi	sed funds			
	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a		e used only			
•	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?	, , , , ,	Yes No			
Par		ganization answered "Yes" on Form 990,	Part IV, line 7			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or e		torically important land area			
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax			
	year >					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements in	it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		L Yes L No			
9	In Part XIII, describe how the organization reports conservat					
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for			
	conservation easements	( ) ( ) ( ) ( ) ( )	NH O''I AI			
Pai	rt III Organizations Maintaining Collections o	•	otner Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	•				
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descr					
b						
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts			
	relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>S</b>			
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$			
2	If the organization received or held works of art, historical tre		al gaın, provide			
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items				
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			

b Assets included in Form 990, Part X

botton d	Sche		<u>AROLINA AR</u>		INC.				<u> 27729</u>	
bittion did bettion   d   Loan or exchange programs   sessarch   e   Other   O	Pa	rt III   Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, or Otl	her Simil	ar Asse	ts(continu	ed)
biblion d	3	Using the organization's acquisition, accessi	on, and other record	ds, checl	any of the	following that are a	significant	use of its	collection i	tems
esearch e		(check all that apply)								
esearch e	а	Public exhibition	(	ı 🗀 ı	Loan or exc	hange programs				
on for future generations  onto for future generations  onto of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  did the organization solicit or receive donations of art, historical treasures, or other similar assets  is funds rather than to be maintained as part of the organization's collection?  I ves No  rand Custodial Arrangements. Complete if the organization answered "Yeo" on Form 990, Part IV, line 9, or an amount on Form 990, Part X, line 21  on an agent, trustee, custodian or other intermediary for contributions or other assets not included  on X?  I ves X No  the arrangement in Part XIII and complete the following table  on the arrangement in Part XIII and complete the following table  on the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  tion include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  I ves No  the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  ment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  arranges, gains, and losses  rations  arrangement   verification   verifica	b	Scholarly research	•			0 1 0				
and custodial Arrangements. Collections and explain how they further the organization's exempt purpose in Part XIII did the organization solicit or receive donations of art, historical treasures, or other similar assets  e funds rather than to be maintained as part of the organization's collection?  Yes No rand Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or an amount on Form 990, Part X, line 21  and a agent, trustee, custodian or other intermediary for contributions or other assets not included at X?  Amount 1c    Am	c	Preservation for future generations								
did the organization solicit or receive donations of art, historical treasures, or other similar assets  e funds rather than to be maintained as part of the organization's collection?  yes no dout official Arrangements. Complete if the organization answered "Yos" on Form 990, Part IV, line 9, or an amount on Form 990, Part X, line 21  no an agent, trustee, custodian or other intermediary for contributions or other assets not included it X?  yes X No the arrangement in Part XIII and complete the following table  the year 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	4	_	ollections and expla	in how th	nev further ti	he organization's ex	kempt purp	ose in Par	t XIII	
te funds rather than to be maintained as part of the organization's collection?  If and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or an amount on Form 990, Part X, line 21 on an agent, trustee, custodian or other intermediary for contributions or other assets not included in X?  In an agent, trustee, custodian or other intermediary for contributions or other assets not included in X?  In an agent, trustee, custodian or other intermediary for contributions or other assets not included in X?  In an agent, trustee, custodian or other intermediary for contributions or other assets not included  If a customic arrangement in Part XIII and complete the following table  Amount  It is a customic and	5	· -				_			• • • • • • • • • • • • • • • • • • • •	
an amount on Form 990, Part X, line 21  an amount on Form 990, Part X, line 21  an an angent, trustee, custodian or other intermediary for contributions or other assets not included and X?  Tyes X No the arrangement in Part XIII and complete the following table  The pear in the year year in the year in the year in the year in the year in the year in the year in the year in the year in the year in the year year year year year in the year year year year year year year yea	3	- · ·					iai acceto		Yes	□ No
an amount on Form 990, Part X, line 21  The arrangement in Part XIII and complete the following table  The arrangement in Part XIII and complete the following table  The arrangement in Part XIII and complete the following table  The arrangement in Part XIII and complete the following table  The the arrangement in Part XIII and complete the following table  The the year  The the year  The third include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The arrangement in Part XIII Check here if the explanation has been provided on Part XIII  The ment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  The arrangement in Part XIII Check here if the explanation has been provided on Part XIII  The ment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  The arrangement in Part XIII Check here if the explanation has been provided on Part XIII  The ment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  The arrangement in Part XIII Check here if the explanation has been provided on Part XIII  The organization answered "Yes" on Form 990, Part XIII In the International internation in the possession of the organization that are held and administered for the organization and particular internations and internations and international internations is listed as required on Schedule R?  The arrangement in Part XIII International internation is provided in the passes of the organization's endowment funds  The organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  The particular internation in the passes of the organization's endowment funds  The organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  The organization in the passes of the organization of the organization of the passes (other) (c) Accumulated depreciation depreciation depreciation in the passes (other) depreciation in the passes (other) depreciation in the passes (other)	Pa						on Form GO	O Part IV		
an agent, trustee, custodian or other intermediary for contributions or other assets not included  if X?    Yes   X   No				CIC II IIIC	organizatio	Turiswered Tes	3111 01111 00	o, ruitiv,	m 10 c, 51	
the arrangement in Part XIII and complete the following table    Amount   1c	10	The state of the s		diany for	contribution	e or other assets n	ot included	<del></del>		
the arrangement in Part XIII and complete the following table    Amount   1c   1c   1d   1d   1d   1d   1d   1d	ıa	on Form 990, Part X?	and other interme	dialy loi	CONTRIBUTION	is or other assets in	ot included		Vec	X No
Amount   1c		•	and complete the fe	llovana t	ablo				_ 163	140
the year  the year  ing the ye	D	ir res, explain the analigement in Part Allis	and complete the it	Jilowii ig i	aule				Amount	
Ing the year  In		Bas as as halana					4-	<del> </del>	Amount	
Item include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Item include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Item include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Item includes an amount on Form 990, Part X, line 10  Item includes an amount on Form 990, Part IV, line 10  Item includes an amount on Form 990, Part IV, line 10  Item includes an amount on Form 990, Part IV, line 10  Item includes an amount on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Item includes an amount on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Item includes an amount on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Item includes an amount on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Item includes an amount on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Item includes an amount on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Item of property  Item includes an amount on custodial account liability?  Item includes an amount on Install account liability  Item includes an amount on Install account liability  Item includes an amount of Part X, line 10  Item organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Item organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Item organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, line 10  Item organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, line 10  Item organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, line 10  Item organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, line 10  Item organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, line 10  Item organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part IV, line 10  Item organization answered	С.	Beginning balance						<del></del>		
tion include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year						<del> </del>		
tion include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year								
the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    ment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back r balance  parnings, gains, and losses siships  res for facilities  despenses  respenses  r	f	Ending balance							٦.,	<u> </u>
The foliance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (	2a	<del>-</del>						LA	」Yes	⊢ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   replace   (e) Four years back   (e) Four years										<u> </u>
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parnings, gains, and losses reships res for facilities  depenses responses r			(a) Current year	(b) P	rior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back_
resipes resign facilities resi	1a	Beginning of year balance		ļ			ļ			
resipes resign facilities resi	b	Contributions								
res for facilities  Appenses A	С	Net investment earnings, gains, and losses					ļ			
spenses  Ince  Interpretation of the current year end balance (line 1g, column (a)) held as dor quasi-endowment   ———————————————————————————————————	d	Grants or scholarships								
nated percentage of the current year end balance (line 1g, column (a)) held as d or quasi-endowment ▶	е	Other expenditures for facilities								
nated percentage of the current year end balance (line 1g, column (a)) held as d or quasi-endowment ▶		and programs								
nated percentage of the current year end balance (line 1g, column (a)) held as d or quasi-endowment	f	Administrative expenses								
d or quasi-endowment ▶	g	End of year balance								
wment	2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as				
wment	а	Board designated or quasi-endowment		%						
yes No ganizations a(ii), are the related organization's endowment funds  Suildings, and Equipment.  of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  otion of property  (a) Cost or other basis (investment)  basis (investment)  of the organization  (b) Cost or other basis (other)  basis (other)  (c) Accumulated depreciation	ь	Permanent endowment		_						
yes No ganizations a(ii), are the related organization's endowment funds  Suildings, and Equipment.  of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  otion of property  (a) Cost or other basis (investment)  basis (investment)  of the organization  (b) Cost or other basis (other)  basis (other)  (c) Accumulated depreciation	С	Temporarily restricted endowment ▶	<del></del>							
Tyes No    Sa(i)		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
ganizations ganizations a(ii), are the related organizations listed as required on Schedule R?  XIII the intended uses of the organization's endowment funds  Buildings, and Equipment.  If the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  otion of property  (a) Cost or other basis (investment)  basis (other)  Yes No  3a(ii)  Ab  Cost  (b) Cost or other depreciation	За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administered for	r the organi	zation		
ganizations  a(ii), are the related organizations listed as required on Schedule R?  XIII the intended uses of the organization's endowment funds  Buildings, and Equipment.  If the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Otion of property  (a) Cost or other (b) Cost or other basis (investment)  basis (investment)  basis (other)  3a(ii)  3a(ii)  3b  4b  Characteristics  (d) Book value  (d) Book value			J				_		Y	es No
Ag(ii) a(ii), are the related organizations listed as required on Schedule R?    XIII the intended uses of the organization's endowment funds   Buildings, and Equipment.		•								
a(ii), are the related organizations listed as required on Schedule R?  XIII the intended uses of the organization's endowment funds  Buildings, and Equipment.  If the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Otion of property  (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other)		(,								
XIII the intended uses of the organization's endowment funds  Buildings, and Equipment.  If the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Otion of property  (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other)	h	. ,	tions listed as requi	red on S	chedule R?					_
Buildings, and Equipment.  If the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  Otton of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation			•							
of the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10  otion of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation						<del></del>	•			
otion of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value				0 Part IV	/ line 11a S	See Form 990. Part	X. line 10			
basis (investment) basis (other) depreciation		<del></del>						ed	(d) Book v	/alue
		bescription of property			\-,·	\-'			(u) Dook	aluc
		Land	<u> </u>		54515	<u> </u>			261	408
163,652. 37,27 <u>6</u> . 126,37 <u>6</u> .							37 2	76		
103,032.	b	•	103,	0 0 4 0		<del></del>	21,4	<del>, , , ,</del>	120	, <i>3                                   </i>
vomente	_		11	830		<u> </u>	0 2	30	2	500
	d	Equipment Other				<u> </u>				
	b 4 Pa	by  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related organizations  Describe in Part XIII the intended uses of the related organization answered Description of property  Land	organization's endinent.  d "Yes" on Form 99  (a) Cost or obasis (invest	owment:  0, Part IV other ment)  408.	chedule R? funds /, line 11a S (b) Cost	See Form 990, Part	X, line 10 Accumulat lepreciation	ed n	3a(ii) 3a(iii) 3b (d) Book v	
	С	Leasehold improvements	<u> </u>	020		<del> </del>	<u> </u>			F.0.0
	d	Equipment								
11,839. 8,339. 3,500. 489,072. 92,095. 396,977.										

788,261.

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Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2017 NORTH CAROLINA AREA, INC. 56-1627729 Page 3

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		e 11b See Form 99	0, Part X, line 12	· 
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation Cost or end	f-of-year market value
(1) Financial derivatives			·	
(2) Closely-held equity interests				
(3) Other	* ***			
(A) FOUNDATION FOR THE				,
(B) CAROLINAS	80,568	• END-OF-	YEAR MARKET	VALUE
(C) ·				
(D)				
(E)		,	<del></del>	
(F)				
(G)				
(H)		** ** ** ** ** ** ** ** ** ** ** ** **		T TETA WAR HE WE'L I'V MAN WE'L AN WAR ETER A
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	80,568	• 12505 25 21 21 25 21 1 1 1 2 2 2 2 2 2 2 2 2	CA TO THE PAIN TO SERVE THE THE TREET OF THE TREET.	
Rart VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	', (c) Method of	f valuation Cost or end	1-of-year market value
<u>(1)</u>				<del></del>
(2)	<u> </u>			
(3)	`			
(4)				
(5)				
(6)			<u> </u>	
(7)			<del></del>	<u> </u>
(8)			<del></del> -	
(9)		-1015 0.p4.0.4954.c.14.4.15.38	NAME OF THE PARTY	The 1442 Andrews Redfler Brown Market Fredhol
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets.		The state of the s	SECTION AND AND AND AND AND AND AND AND AND AN	HATTER AND TO SPANNER AND THE MENT OF THE PROPERTY OF
Complete if the organization answered "Yes"	on Form 990 Part IV Jun	e 11d See Form 90	0 Part V line 15	
	Description		o, rarrx, and ro	(b) Book value
<u> </u>				(4)
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)	··		<del> </del>	
(8)				<u> </u>
(9)	·	• .		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15 )		<b>&gt;</b>	
Part X: Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f See Fo	orm 990, Part X, line 25	•
1. (a) Description of liability		(b) Book value	TATE OF THE PROPERTY OF THE PR	The cold water the beat transfer of the cold and the cold
(1) Federal income taxes			12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
(2)			Single State	รัตร์ กระโดงเลอกรริกับ ค่องหลอบัญ เรียกและได้ กะตับรียก การ รัต รัตร์กับการ กระที่สำนัก เพื่อเรียก เรียก
(3)	·			E ALTA AND LANGE CONTROL OF THE CONT
(4)			The state of the s	A THE TAX A THE TAX A TA
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(7)	,			
(8)				TO AN ANT TO ARREST TO AN ANY THE REAL PROPERTY AND THE REAL PROPE
(9)		-		The second secon
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 25 ) ▶		AT AND WATER CONTROL OF THE PROPERTY OF THE PR	10 10 10 10 10 10 10 10 10 10 10 10 10 1

<sup>2.</sup> 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.

NORTH CAROLINA AREA, INC. 56-1627729 Page 4 Schedule D (Form 990) 2017 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 325,103. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12 Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2е 325,103. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4h c Add lines 4a and 4b 0. 40 103. 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 Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 346,948. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 20 d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 346,948. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE ORGANIZATION HAS DETERMINED THAT IT HAS NO UNCERTAIN INCOME TAX POSITIONS AS OF JULY 1, 2018. ALSO, THE ORGANIZATION DOES NOT ANTICIPATE ANY INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS DURING THE NEXT TWELVE MONTHS THAT WOULD RESULT IN A MATERIAL CHANGE TO ITS FINANCIAL POSITION. THE ORGANIZATION'S INCOME TAX RETURNS FOR YEARS ENDED AFTER JUNE 30, 2014 REMAIN OPEN FOR EXAMINATION.

732054 10-09-17

Schedule D (Form 990) 2017

# SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

HABITAT FOR HUMANITY OF THE LEXINGTON,

Employer identification number

Schedule G (Form 990 or 990-EZ) 2017

56-1627729 NORTH CAROLINA AREA, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations ا م Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser have custody or control of (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) contributions' Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

HABITAT FOR HUMANITY OF THE LEXINGTON, 56-1627729 Page 2 Schedule G (Form 990 or 990-EZ) 2017 NORTH CAROLINA AREA, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL (add col (a) through FUNDRAISER col (c)) (total number) (event type) (event type) Revenue 26,928 26,928. Gross receipts 1 2 Less Contributions <u> 26,928</u>. Gross income (line 1 minus line 2) 26,928 Cash prizes 4 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 352 6,352. Other direct expenses 6,352. 10 Direct expense summary Add lines 4 through 9 in column (d) 20,576. Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d)

<del></del>			
10a Were any of the organ	zation's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	☐ No
<b>b</b> If "Yes," explain			

9 Enter the state(s) in which the organization conducts gaming activities:

<u>S</u> ch	nedule G (Form 990 or 990-EZ) 2017 NORTH CAROLINA AREA, INC.	<u>56-1</u>	<u>627</u>	<u> 729</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		$\overline{}$	es/	☐ No
	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		_ Y	es (	☐ No
13	Indicate the percentage of gaming activity conducted in				
а	a The organization's facility		13a		%
b	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	<b>s</b> t			
	Name				
	Address >				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	'es	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt			
	of gaming revenue retained by the third party > \$				
c	If "Yes," enter name and address of the third party				
	Name	_			
	Address´ ►				
16	Gaming manager information				-
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
			_		
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		_		
	retain the state gaming license?		<b>└</b>	es/	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	'art III, lir	ies 9, 9	96, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions				
	•				
_					<del>.</del>
					<del></del>

# HABITAT FOR HUMANITY OF THE LEXINGTON, Schedule G (Form 990 or 990 EZ) NORTH CARO Part IV Supplemental Information (continued) 56-1627729 Page 4 NORTH CAROLINA AREA, INC.

# **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. Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY OF THE LEXINGTON, NORTH CAROLINA AREA, INC.

Employer identification number 56-1627729

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONSCIENCE WITH PEOPLE EVERYWHERE.
FORM 990, PART VI, SECTION B, LINE 11B:  CPA REVIEWS FORM 990 WITH EXECUTIVE COMMITTEE.
CPA REVIEWS FORM 990 WITH EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS AND EMPLOYEES REVIEW AND VERIFY ANY POSSIBLE CONFLICTS OF
INTEREST ON ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
BOARD OF DIRECTORS DETERMINES SALARIES OF EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS MADE AVAILABLE TO THE PUBLIC VIA THE NC SECRETARY OF STATE
WEBSITE AND UPON REQUEST BY ANY MEMBER OF THE PUBLIC.
FROM 990, SECTION XII, LINE 2C
THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF INDEPENDENT
AUDITORS AND OVERSIGHT OF THE YEAR END AUDIT OF THE FINANCIAL
STATEMENTS. THIS PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.