

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

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

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HABITAT FOR HUMANITY OF MARTIN COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2090 NW FEDERAL HIGHWAY City or town, state or province, country, and ZIP or foreign postal code STUART FL 34994	D Employer identification number 59-2816698 E Telephone number 772-223-9940 G Gross receipts \$ 3,482,130
F Name and address of principal officer: DEBORAH BROCK 7599 S.E. BELLE MAISON STUART FL 34997		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number 8545
J Website: HABITATMARTIN.ORG		L Year of formation: 1986
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE AFFORDABLE HOUSING TO LOW INCOME FAMILIES			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	59	
	6 Total number of volunteers (estimate if necessary)	6	493	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	1,213,210	961,420	
	9 Program service revenue (Part VIII, line 2g)	455,884	928,092	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		85,342	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	820,062	1,046,409	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,489,156	3,021,263	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	966,647	1,129,074	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) 119,633			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,171,872	1,928,290	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,138,519	3,057,364	
	19 Revenue less expenses. Subtract line 18 from line 12	350,637	-36,101	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	4,048,348	4,461,565	
	21 Total liabilities (Part X, line 26)	1,004,500	1,453,818	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,043,848	3,007,747	

Part II Signature Block

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

Sign Here	Signature of officer DEBORAH BROCK Type or print name and title	Date	
	TREASURER		
Paid Preparer Use Only	Print/Type preparer's name PATRICK K. GRAHAM, CPA	Preparer's signature Date 12/19/17	Check <input type="checkbox"/> if self-employed PTIN P00292619
	Firm's name KMETZ, NUTTALL, ELWELL, GRAHAM, PLLC	Firm's EIN 27-1238921	
	Firm's address 2800 OCEAN DRIVE VERO BEACH, FL 32963-2064	Phone no. 772-231-6902	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

PROVIDE AFFORDABLE HOUSING TO LOW INCOME FAMILIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,649,085** including grants of \$) (Revenue \$ **928,092**)
PROVIDE AFFORDABLE HOUSING TO LOW INCOME FAMILIES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,649,085**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
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		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		X
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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 (see instructions)		X
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	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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		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.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 13		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **MARGOT GRAFF** 2555 S.E. BONITA STREET FL 34997 772-223-9940
STUART

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 reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA FRICKE	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(2) TARYN KRYZDA	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) RON QUINLAN	0.00									
SECRETARY	0.00	X		X			0	0	0	
(4) DEBORAH BROCK	0.00									
TREASURER	0.00	X		X			0	0	0	
(5) DANIEL BRADEN	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) PAUL W MAGNUSON	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(7) JAMIE IRVIN	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) JACK MITCHELL	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) SCOTT PARKMAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) MIRIAM REED, ESQ.	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) JEFF SABIN	0.00									
DIRECTOR	0.00	X					0	0	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	52,695		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	908,725		
	g Noncash contributions included in lines 1a-1f: \$		109,588		
	h Total. Add lines 1a-1f		961,420		
Program Service Revenue	2a TRANSFERS TO HOMEOWNERS	Busn. Code	801,000	801,000	
	b MORTGAGE LOAN DISCOUNT AMORT		122,122	122,122	
	c OTHER INCOME		4,970	4,970	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		928,092		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents		(i) Real (ii) Personal			
b Less: rental exps.					
c Rental inc. or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less: cost or other basis & sales exps.			541,070		
c Gain or (loss)			455,728		
d Net gain or (loss)			85,342	85,342	
8a Gross income from fundraising events (not including \$ 52,695 of contributions reported on line 1c). See Part IV, line 18		a	7,500		
b Less: direct expenses		b	5,139		
c Net income or (loss) from fundraising events			2,361		
9a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code			
11a ReStore		1,044,048			
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		1,044,048			
12 Total revenue. See instructions.		3,021,263	1,013,434	0	1,044,048

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	983,691	821,177	121,886	40,628
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	68,596	51,557	13,931	3,108
10 Payroll taxes	76,787	62,820	9,324	4,643
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,422	11,901	9,521	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	36,771	17,881	2,800	16,090
13 Office expenses	3,876	1,350		2,526
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	26,476	26,411	65	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	45,793	43,228	2,565	
21 Payments to affiliates	11,130	11,130		
22 Depreciation, depletion, and amortization	48,222	36,166	9,644	2,412
23 Insurance	69,400	54,860	14,540	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF HOMES TRANSFERRED	695,153	695,153		
b DISCOUNT ON MORTGAGES	390,276	390,276		
c RENTS	156,464	156,464		
d RENTAL	75,600	16,800	58,800	
e All other expenses	347,707	251,911	45,570	50,226
25 Total functional expenses. Add lines 1 through 24e	3,057,364	2,649,085	288,646	119,633
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	273,795	1	253,944
	2 Savings and temporary cash investments	84,092	2	148,192
	3 Pledges and grants receivable, net	244,644	3	227,467
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,393	7	9,007
	8 Inventories for sale or use	1,240,505	8	1,676,615
	9 Prepaid expenses and deferred charges	70,721	9	44,197
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,254,326		
	b Less: accumulated depreciation	10b 314,397	980,385	10c 939,929
	11 Investments—publicly traded securities	1,152,813	11	1,162,214
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		4,048,348	16	4,461,565
Liabilities	17 Accounts payable and accrued expenses	107,649	17	185,853
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	724,209	24	1,065,383
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	172,642	25	202,582
	26 Total liabilities. Add lines 17 through 25	1,004,500	26	1,453,818
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,781,690	27	2,746,504
	28 Temporarily restricted net assets	233,468	28	227,468
	29 Permanently restricted net assets	28,690	29	33,775
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,043,848	33	3,007,747	
34 Total liabilities and net assets/fund balances	4,048,348	34	4,461,565	

Part 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	3,021,263
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,057,364
3	Revenue less expenses. Subtract line 2 from line 1	3	-36,101
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,043,848
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,007,747

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

**HABITAT FOR HUMANITY OF MARTIN
COUNTY, INC.**

Employer identification number

59-2816698

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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**.
 - 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**.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	698,748	991,629	887,906	1,213,210	961,420	4,752,913
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	698,748	991,629	887,906	1,213,210	961,420	4,752,913
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						36,656
6 Public support. Subtract line 5 from line 4.						4,716,257

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	698,748	991,629	887,906	1,213,210	961,420	4,752,913
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	493,044	462,779	547,013	808,818	1,044,048	3,355,702
11 Total support. Add lines 7 through 10						8,108,615
12 Gross receipts from related activities, etc. (see instructions)					12	935,592
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	58.16%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	61.62%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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)(B) 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV 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?		
b A family member of a person described in (a) above?		
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.		

Section B. Type I Supporting Organizations

	Yes	No
1 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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control 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

	Yes	No
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?		
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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

Part II, Line 10 - Other Income Detail

OTHER INCOME **\$ 2,311,654**

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

**HABITAT FOR HUMANITY OF MARTIN
COUNTY, INC.**

Employer identification number

59-2816698

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

HABITAT FOR HUMANITY OF MARTIN

Employer identification number

59-2816698

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BATCHELOR FOUNDATION 1680 MICHIGAN AVENUE PENTHOUSE 1 MIAMI BEACH FL 33139	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAILFISH MARINA 98 LAKE DRIVE WEST PALM BEACH FL 33404	\$ 59,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	INDIANTOWN MARINA 16300 SW FAMEL AVENUE INDIANTOWN FL 34956	\$ 59,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TED GLASRUD ASSOCIATES FL LLC 759 S.W. FEDERAL HWY STUART FL 34994	\$ 59,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STUART BUSINESS SYSTEMS 830 NE POP TILTON PL JENSEN BEACH FL 34957	\$ 57,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PALM TREE AUTO SALES 6576 SE FEDERAL HIGHWAY STUART FL 34997	\$ 57,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HABITAT FOR HUMANITY OF MARTIN	Employer identification number 59-2816698
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE J. DONALD CARPENTER FOUNDATION 21 CUMBERLAND ROAD LEMOYNE PA 17043-1616	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS GA 31709	\$ 45,308	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.

Employer identification number

59-2816698

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Temporarily restricted endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|---------------------|-------|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,000		170,000
b Buildings				
c Leasehold improvements				
d Equipment		1,084,326	314,397	769,929
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				939,929

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) HOMEOWNER ESCROW	202,582
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	202,582

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,026,402
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	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		2e	
3	Subtract line 2e from line 1		3	3,026,402
4	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	4a		
b	Other (Describe in Part XIII.)	4b	-5,139	
c	Add lines 4a and 4b		4c	-5,139
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,021,263

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.

1	Total expenses and losses per audited financial statements		1	3,062,503
2	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	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,062,503
4	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	4a		
b	Other (Describe in Part XIII.)	4b	-5,139	
c	Add lines 4a and 4b		4c	-5,139
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,057,364

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 XI, Line 4b - Revenue Amounts Included on Return - Other

DIRECT FUNDRAISING EXPENSES \$ -5,139

Part XII, Line 4b - Expense Amounts Included on Return - Other

DIRECT FUNDRAISING EXPENSES \$ -5,139

Part XIII Supplemental Information *(continued)*

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.

Employer identification number

59-2816698

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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

.....

.....

.....

.....

Part II 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
	<u>WOMEN BUILD</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	53,000			53,000
2 Less: Contributions	45,500			45,500
3 Gross income (line 1 minus line 2)	7,500			7,500
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	1,039			1,039
7 Food and beverages	4,100			4,100
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				5,139
11 Net income summary. Subtract line 10 from line 3, column (d)				2,361

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Revenue			
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization **HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.**

Employer identification number
59-2816698

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (BUILDING MATERI)	X	1	109,588	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2016**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Name of the organization **HABITAT FOR HUMANITY OF MARTIN
COUNTY, INC.**

Employer identification number

59-2816698**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure ExplanationCOPIES OF FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC WHEN REQUESTED.**Form 990, Part IX, Line 24e - Other Expenses**

Description

Program Service

Mgt & General

Fundraising

A BRUST WITH KINDNESS

\$ 54,448

\$ 0

\$ 0

CONTRACT LABOR

\$ 51,568

\$ 0

\$ 0

UTILITIES

\$ 36,532

\$ 0

\$ 0

MERCHANT FEES

\$ 31,276

\$ 0

\$ 0

OFFICE EXPENSES

\$ 25,913

\$ 0

\$ 0

FUNDRAISING

\$ 0

\$ 0

\$ 20,105

OFFICE EXPENSES

\$ 5,926

\$ 5,926

\$ 0

MISCELLANEOUS

Name of the organization

Employer identification number

HABITAT FOR HUMANITY OF MARTIN

59-2816698

\$	6,193	\$	4,510	\$	0
----	-------	----	-------	----	---

TELEPHONE

\$	5,264	\$	5,264	\$	0
----	-------	----	-------	----	---

FUNDRAISING

\$	0	\$	0	\$	10,031
----	---	----	---	----	--------

REPAIRS

\$	1,434	\$	8,543	\$	0
----	-------	----	-------	----	---

RENTAL EXPENSE

\$	0	\$	0	\$	8,400
----	---	----	---	----	-------

DUES AND FEES

\$	4,575	\$	3,481	\$	0
----	-------	----	-------	----	---

TELEPHONE

\$	7,631	\$	0	\$	0
----	-------	----	---	----	---

UTILITIES

\$	4,774	\$	2,387	\$	0
----	-------	----	-------	----	---

POSTAGE AND PRINTING

\$	171	\$	6,964	\$	0
----	-----	----	-------	----	---

VOLUNTEER SERVICE EXP

\$	5,489	\$	0	\$	0
----	-------	----	---	----	---

REPAIRS AND MAINTENANCE

\$	5,469	\$	0	\$	0
----	-------	----	---	----	---

MEETINGS AND CONFERENCES

\$	57	\$	5,361	\$	0
----	----	----	-------	----	---

MISC EXPENSE

\$	0	\$	0	\$	3,456
----	---	----	---	----	-------

REPAIRS AND MAINTENANCE

\$	0	\$	0	\$	2,848
----	---	----	---	----	-------

Name of the organization

Employer identification number

HABITAT FOR HUMANITY OF MARTIN

59-2816698

MERCHANT FEES

\$	0	\$	2,700	\$	0
----	---	----	-------	----	---

CONTRACT LABOR

\$	2,594	\$	0	\$	0
----	-------	----	---	----	---

PROFESSIONAL SERVICES

\$	0	\$	0	\$	2,380
----	---	----	---	----	-------

OFFICE EXPENSE

\$	0	\$	0	\$	1,317
----	---	----	---	----	-------

TAXES AND LICENSE

\$	868	\$	434	\$	0
----	-----	----	-----	----	---

TELEPHONE

\$	0	\$	0	\$	1,170
----	---	----	---	----	-------

WEBSITE

\$	918	\$	0	\$	0
----	-----	----	---	----	---

DUES AND FEES

\$	0	\$	0	\$	400
----	---	----	---	----	-----

VOLUNTEER SERVICES

\$	308	\$	0	\$	0
----	-----	----	---	----	---

COGS

\$	264	\$	0	\$	0
----	-----	----	---	----	---

MISCELLANEOUS

\$	239	\$	0	\$	0
----	-----	----	---	----	---

TRAVEL

\$	0	\$	0	\$	119
----	---	----	---	----	-----

Total

\$	251,911	\$	45,570	\$	50,226
----	---------	----	--------	----	--------

Name of the organization

Employer identification number

HABITAT FOR HUMANITY OF MARTIN

59-2816698

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

DIRECT FUNDRAISING EXPENSES \$ 5,139

DIRECT FUNDRAISING EXPENSES \$ -5,139

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**HABITAT FOR HUMANITY OF MARTIN
COUNTY, INC.**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

2016

**Open to Public
Inspection**

Employer identification number

59-2816698

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS GA 31709-3498 EIN: 91-1914868	NON-PROFIT	GA	501C3		N/A		<input checked="" type="checkbox"/>
(2)								
(3)								
(4)								
(5)								

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Dividends from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Purchase of assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i Exchange of assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Name(s) shown on return

HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.

Identifying number

59-2816698

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	48,221

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	48,221
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

Form 4562 (2016)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use:

Table with columns: Year, Description, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention.

27 Property used 50% or less in a qualified business use:

Table with columns: (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include: 30 Total business/investment miles driven during the year, 31 Total commuting miles driven during the year, 32 Total other personal (noncommuting) miles driven, 33 Total miles driven during the year, 34 Was the vehicle available for personal use during off-duty hours?, 35 Was the vehicle used primarily by a more than 5% owner or related person?, 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table with columns: Question, Yes, No. Rows include: 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?, 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?, 39 Do you treat all use of vehicles by employees as personal use?, 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?, 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2016 tax year (see instructions):

Table with columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

43 Amortization of costs that began before your 2016 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

59-2816698

Federal Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179BONUS	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	Travel Trailer	7/03/93	1,468		1,468	5 MO S/L	1,468	0
2	Office Furniture & Fixture	6/01/91	4,908		4,908	7 MO S/L	4,908	0
3	Construction Equipement	6/01/94	1,358		1,358	5 MO S/L	1,358	0
6	Computer monitor	6/15/01	329		329	5 MO S/L	329	0
9	New Computer	8/20/00	1,752		1,752	5 MO S/L	1,752	0
12	Computer	4/07/04	1,800		1,800	5 MO S/L	1,800	0
13	Printer	3/23/04	212		212	5 MO S/L	212	0
14	Steelcase 9000 workstation	5/31/05	3,930		3,930	5 MO S/L	3,930	0
15	Copystar CS-1620 copier	5/31/05	2,595		2,595	5 MO S/L	2,595	0
16	4 Dell Comp & flat Monitors	6/30/05	5,700		5,700	5 MO S/L	5,700	0
17	DESK TOP COMPUTER	10/19/06	1,070		1,070	5 MO S/L	1,070	0
18	LAP TOP COMPUTER	10/19/06	1,285		1,285	5 MO S/L	1,285	0
19	SERVER	5/16/07	2,217		2,217	5 MO S/L	2,217	0
20	land	11/01/07	170,000		170,000	0 -- Land	0	0
21	Building	11/01/07	844,168		844,168	40 MO S/L	182,903	21,104
22	building impro	11/01/07	33,870		33,870	40 MO S/L	7,339	846
23	trailer	5/12/08	1,000		1,000	7 MO S/L	1,000	0
24	computer	12/31/07	2,354		2,354	5 MO S/L	2,354	0
26	AC Units	9/22/08	3,160		3,160	5 MO S/L	3,160	0
27	Restore bldg improvement	11/10/08	2,600		2,600	40 MO S/L	498	65
29	2006 Ford E450 Box Truck	4/01/12	19,670		19,670	5 MO S/L	16,719	2,951
30	septic tank	3/01/13	3,661		3,661	40 MO S/L	305	92
31	SERVER	6/30/13	7,288		7,288	5 MO S/L	4,373	1,457
32	Restore A/C Unit	7/31/13	1,026		1,026	5 MO S/L	599	205
33	A/C ReStore Air Handler	9/12/14	1,500		1,500	5 MO S/L	550	300
34	StorageCraft Shadow Protect 5 Server	2/28/15	4,800		4,800	5 MO S/L	1,280	960
35	Transact POS Software, Scanner, Printer	6/16/15	1,368		1,368	5 MO S/L	274	273
36	A/C UNIT ReSTORE 2555	9/03/15	4,295		4,295	5 MO S/L	716	859
37	2000 MITSUBISHI FM BOX TRUCK	10/08/15	37,000		37,000	5 MO S/L	5,550	7,400
	Sold/Scrapped: 6/30/17							
38	2000 GMC SIERRA 1500 PICKUP	9/11/15	1,537		1,537	5 MO S/L	256	308
39	FIRE EXTINGUISHERS	9/16/15	969		969	5 MO S/L	145	194
40	DELL COMPUTERS	9/17/15	3,381		3,381	5 MO S/L	507	676
41	POS SYSTEM	9/30/15	893		893	5 MO S/L	134	179
42	2 COMPUTERS/LICENSES	10/01/15	1,000		1,000	5 MO S/L	150	200
43	DELL COMPUTERS	6/24/16	1,116		1,116	5 MO S/L	0	223
44	C&W SERVER & RACK	10/08/15	7,908		7,908	5 MO S/L	1,186	1,582
45	LEASEHOLD IMPROVEMENTS	11/01/15	58,583		58,583	15 MO S/L	2,604	3,905
46	2015 GMC SAVANA 2500 WORK VAN-#	10/03/16	20,540		20,540	5 MO S/L	0	3,081
47	CONSTRUCTION UTILITY TRUCK	9/16/16	1,375		1,375	5 MO S/L	0	206
48	2008 YALE FORKLIFT	12/01/16	9,900		9,900	5 MO S/L	0	1,155
	Total Other Depreciation		<u>1,273,586</u>		<u>1,273,586</u>		<u>261,226</u>	<u>48,221</u>
	Total ACRS and Other Depreciation		<u>1,273,586</u>		<u>1,273,586</u>		<u>261,226</u>	<u>48,221</u>
Listed Property:								
25	2005 Isuzu box truck	8/27/08	17,900		17,900	5 MO S/L	17,900	0
28	Chevy Astro Van	3/01/10	3,670		3,670	5 MO S/L	3,670	0
	Sold/Scrapped: 9/10/16							
			<u>21,570</u>		<u>21,570</u>		<u>21,570</u>	<u>0</u>
	Grand Totals		1,295,156		1,295,156		282,796	48,221
	Less: Dispositions and Transfers		40,670		40,670		9,220	7,400
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		<u>1,254,486</u>		<u>1,254,486</u>		<u>273,576</u>	<u>40,821</u>

59-2816698

FL Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Other Depreciation:								
1	Travel Trailer	7/03/93	1,468	1,468	1,468	0	0	0
2	Office Furniture & Fixture	6/01/91	4,908	4,908	4,908	0	0	0
3	Construction Equipement	6/01/94	1,358	1,358	1,358	0	0	0
6	Computer monitor	6/15/01	329	329	329	0	0	0
9	New Computer	8/20/00	1,752	1,752	1,752	0	0	0
12	Computer	4/07/04	1,800	1,800	1,800	0	0	0
13	Printer	3/23/04	212	212	212	0	0	0
14	Steelcase 9000 workstation	5/31/05	3,930	3,930	3,930	0	0	0
15	Copystar CS-1620 copier	5/31/05	2,595	2,595	2,595	0	0	0
16	4 Dell Comp & flat Monitors	6/30/05	5,700	5,700	5,700	0	0	0
17	DESK TOP COMPUTER	10/19/06	1,070	1,070	1,070	0	0	0
18	LAP TOP COMPUTER	10/19/06	1,285	1,285	1,285	0	0	0
19	SERVER	5/16/07	2,217	2,217	2,217	0	0	0
20	land	11/01/07	170,000	170,000	0	0	0	0
21	Building	11/01/07	844,168	844,168	182,903	21,104	21,104	0
22	building impro	11/01/07	33,870	33,870	7,339	846	846	0
23	trailer	5/12/08	1,000	1,000	1,000	0	0	0
24	computer	12/31/07	2,354	2,354	2,354	0	0	0
26	AC Units	9/22/08	3,160	3,160	3,160	0	0	0
27	Restore bldg improvement	11/10/08	2,600	2,600	498	65	65	0
29	2006 Ford E450 Box Truck	4/01/12	19,670	19,670	16,719	2,951	2,951	0
30	septic tank	3/01/13	3,661	3,661	305	92	92	0
31	SERVER	6/30/13	7,288	7,288	4,373	1,457	1,457	0
32	Restore A/C Unit	7/31/13	1,026	1,026	599	205	205	0
33	A/C ReStore Air Handler	9/12/14	1,500	1,500	550	300	300	0
34	StorageCraft Shadow Protect 5 Server	2/28/15	4,800	4,800	1,280	960	960	0
35	Transact POS Software, Scanner, Printer	6/16/15	1,368	1,368	274	273	273	0
36	A/C UNIT ReSTORE 2555	9/03/15	4,295	4,295	716	859	859	0
37	2000 MITSUBISHI FM BOX TRUCK	10/08/15	37,000	37,000	5,550	7,400	7,400	0
	Sold/Scrapped: 6/30/17							
38	2000 GMC SIERRA 1500 PICKUP	9/11/15	1,537	1,537	256	308	308	0
39	FIRE EXTINGUISHERS	9/16/15	969	969	145	194	194	0
40	DELL COMPUTERS	9/17/15	3,381	3,381	507	676	676	0
41	POS SYSTEM	9/30/15	893	893	134	179	179	0
42	2 COMPUTERS/LICENSES	10/01/15	1,000	1,000	150	200	200	0
43	DELL COMPUTERS	6/24/16	1,116	1,116	0	223	223	0
44	C&W SERVER & RACK	10/08/15	7,908	7,908	1,186	1,582	1,582	0
45	LEASEHOLD IMPROVEMENTS	11/01/15	58,583	58,583	2,604	3,905	3,905	0
46	2015 GMC SAVANA 2500 WORK VAN-#	10/03/16	20,540	20,540	0	3,081	3,081	0
47	CONSTRUCTION UTILITY TRUCK	9/16/16	1,375	1,375	0	206	206	0
48	2008 YALE FORKLIFT	12/01/16	9,900	9,900	0	1,155	1,155	0
	Total Other Depreciation		<u>1,273,586</u>	<u>1,273,586</u>	<u>261,226</u>	<u>48,221</u>	<u>48,221</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,273,586</u>	<u>1,273,586</u>	<u>261,226</u>	<u>48,221</u>	<u>48,221</u>	<u>0</u>
Listed Property:								
25	2005 Isuzu box truck	8/27/08	17,900	17,900	17,900	0	0	0
28	Chevy Astro Van	3/01/10	3,670	3,670	3,670	0	0	0
	Sold/Scrapped: 9/10/16							
			<u>21,570</u>	<u>21,570</u>	<u>21,570</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>1,295,156</u>	<u>1,295,156</u>	<u>282,796</u>	<u>48,221</u>	<u>48,221</u>	<u>0</u>
	Less: Dispositions		<u>40,670</u>	<u>40,670</u>	<u>9,220</u>	<u>7,400</u>	<u>7,400</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,254,486</u>	<u>1,254,486</u>	<u>273,576</u>	<u>40,821</u>	<u>40,821</u>	<u>0</u>

59-2816698

AMT Asset Report

FYE: 6/30/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Travel Trailer	7/03/93	0				0	0	HY	0	0
2	Office Furniture & Fixture	6/01/91	0				0	0	HY	0	0
3	Construction Equipement	6/01/94	0				0	0	HY	0	0
6	Computer monitor	6/15/01	0				0	0	HY	0	0
9	New Computer	8/20/00	0				0	0	HY	0	0
12	Computer	4/07/04	0				0	0	HY	0	0
13	Printer	3/23/04	0				0	0	HY	0	0
14	Steelcase 9000 workstation	5/31/05	0				0	0	HY	0	0
15	Copystar CS-1620 copier	5/31/05	0				0	0	HY	0	0
16	4 Dell Comp & flat Monitors	6/30/05	0				0	0	HY	0	0
17	DESK TOP COMPUTER	10/19/06	0				0	0	HY	0	0
18	LAP TOP COMPUTER	10/19/06	0				0	0	HY	0	0
19	SERVER	5/16/07	0				0	0	HY	0	0
20	land	11/01/07	0				0	0	HY	0	0
21	Building	11/01/07	844,168				844,168	40	MO S/L	182,903	21,104
22	building impro	11/01/07	33,870				33,870	40	MO S/L	7,339	846
23	trailer	5/12/08	0				0	0	HY	0	0
24	computer	12/31/07	0				0	0	HY	0	0
26	AC Units	9/22/08	3,160				3,160	5	MO S/L	3,160	0
27	Restore bldg improvement	11/10/08	2,600				2,600	40	MO S/L	498	65
29	2006 Ford E450 Box Truck	4/01/12	0				0	0	HY	0	0
30	septic tank	3/01/13	0				0	0	HY	0	0
31	SERVER	6/30/13	0				0	0	HY	0	0
32	Restore A/C Unit	7/31/13	1,026				1,026	5	MO S/L	599	205
33	A/C ReStore Air Handler	9/12/14	0				0	0	HY	0	0
34	StorageCraft Shadow Protect 5 Server	2/28/15	0				0	0	HY	0	0
35	Transact POS Software, Scanner, Printer	6/16/15	0				0	0	HY	0	0
36	A/C UNIT ReSTORE 2555	9/03/15	0				0	0	HY	0	0
37	2000 MITSUBISHI FM BOX TRUCK	10/08/15	0				0	0	HY	0	0
	Sold/Scrapped: 6/30/17										
38	2000 GMC SIERRA 1500 PICKUP	9/11/15	0				0	0	HY	0	0
39	FIRE EXTINGUISHERS	9/16/15	0				0	0	HY	0	0
40	DELL COMPUTERS	9/17/15	0				0	0	HY	0	0
41	POS SYSTEM	9/30/15	0				0	0	HY	0	0
42	2 COMPUTERS/LICENSES	10/01/15	0				0	0	HY	0	0
43	DELL COMPUTERS	6/24/16	0				0	0	HY	0	0
44	C&W SERVER & RACK	10/08/15	0				0	0	HY	0	0
45	LEASEHOLD IMPROVEMENTS	11/01/15	0				0	0	HY	0	0
46	2015 GMC SAVANA 2500 WORK VAN-#	10/03/16	0				0	0	HY	0	0
47	CONSTRUCTION UTILITY TRUCK	9/16/16	0				0	0	HY	0	0
48	2008 YALE FORKLIFT	12/01/16	0				0	0	HY	0	0
	Total Other Depreciation		<u>884,824</u>				<u>884,824</u>			<u>194,499</u>	<u>22,220</u>
	Total ACRS and Other Depreciation		<u>884,824</u>				<u>884,824</u>			<u>194,499</u>	<u>22,220</u>
Listed Property:											
25	2005 Isuzu box truck	8/27/08	17,900				17,900	5	MO S/L	17,900	0
28	Chevy Astro Van	3/01/10	0				0	0	HY	0	0
	Sold/Scrapped: 9/10/16										
			<u>17,900</u>				<u>17,900</u>			<u>17,900</u>	<u>0</u>
	Grand Totals		<u>902,724</u>				<u>902,724</u>			<u>212,399</u>	<u>22,220</u>
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>902,724</u>				<u>902,724</u>			<u>212,399</u>	<u>22,220</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Travel Trailer	7/03/93	1,468	0	0
2	Office Furniture & Fixture	6/01/91	4,908	0	0
3	Construction Equipment	6/01/94	1,358	0	0
6	Computer monitor	6/15/01	329	0	0
9	New Computer	8/20/00	1,752	0	0
12	Computer	4/07/04	1,800	0	0
13	Printer	3/23/04	212	0	0
14	Steelcase 9000 workstation	5/31/05	3,930	0	0
15	Copystar CS-1620 copier	5/31/05	2,595	0	0
16	4 Dell Comp & flat Monitors	6/30/05	5,700	0	0
17	DESK TOP COMPUTER	10/19/06	1,070	0	0
18	LAP TOP COMPUTER	10/19/06	1,285	0	0
19	SERVER	5/16/07	2,217	0	0
20	land	11/01/07	170,000	0	0
21	Building	11/01/07	844,168	21,104	21,104
22	building impro	11/01/07	33,870	847	847
23	trailer	5/12/08	1,000	0	0
24	computer	12/31/07	2,354	0	0
26	AC Units	9/22/08	3,160	0	0
27	Restore bldg improvement	11/10/08	2,600	65	65
29	2006 Ford E450 Box Truck	4/01/12	19,670	0	0
30	septic tank	3/01/13	3,661	91	0
31	SERVER	6/30/13	7,288	1,458	0
32	Restore A/C Unit	7/31/13	1,026	205	205
33	A/C ReStore Air Handler	9/12/14	1,500	300	0
34	StorageCraft Shadow Protect 5 Server	2/28/15	4,800	960	0
35	Transact POS Software, Scanner, Printer	6/16/15	1,368	274	0
36	A/C UNIT ReSTORE 2555	9/03/15	4,295	859	0
38	2000 GMC SIERRA 1500 PICKUP	9/11/15	1,537	307	0
39	FIRE EXTINGUISHERS	9/16/15	969	194	0
40	DELL COMPUTERS	9/17/15	3,381	677	0
41	POS SYSTEM	9/30/15	893	178	0
42	2 COMPUTERS/LICENSES	10/01/15	1,000	200	0
43	DELL COMPUTERS	6/24/16	1,116	223	0
44	C&W SERVER & RACK	10/08/15	7,908	1,581	0
45	LEASEHOLD IMPROVEMENTS	11/01/15	58,583	3,906	0
46	2015 GMC SAVANA 2500 WORK VAN-#7300	10/03/16	20,540	4,108	0
47	CONSTRUCTION UTILITY TRUCK	9/16/16	1,375	275	0
48	2008 YALE FORKLIFT	12/01/16	9,900	1,980	0
	Total Other Depreciation		<u>1,236,586</u>	<u>39,792</u>	<u>22,221</u>
	Total ACRS and Other Depreciation		<u>1,236,586</u>	<u>39,792</u>	<u>22,221</u>
Listed Property:					
25	2005 Isuzu box truck	8/27/08	17,900	0	0
			<u>17,900</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>1,254,486</u>	<u>39,792</u>	<u>22,221</u>

Asset	Description	Date In Service	Cost	FL
Other Depreciation:				
1	Travel Trailer	7/03/93	1,468	0
2	Office Furniture & Fixture	6/01/91	4,908	0
3	Construction Equipment	6/01/94	1,358	0
6	Computer monitor	6/15/01	329	0
9	New Computer	8/20/00	1,752	0
12	Computer	4/07/04	1,800	0
13	Printer	3/23/04	212	0
14	Steelcase 9000 workstation	5/31/05	3,930	0
15	Copystar CS-1620 copier	5/31/05	2,595	0
16	4 Dell Comp & flat Monitors	6/30/05	5,700	0
17	DESK TOP COMPUTER	10/19/06	1,070	0
18	LAP TOP COMPUTER	10/19/06	1,285	0
19	SERVER	5/16/07	2,217	0
20	land	11/01/07	170,000	0
21	Building	11/01/07	844,168	21,104
22	building impro	11/01/07	33,870	847
23	trailer	5/12/08	1,000	0
24	computer	12/31/07	2,354	0
26	AC Units	9/22/08	3,160	0
27	Restore bldg improvement	11/10/08	2,600	65
29	2006 Ford E450 Box Truck	4/01/12	19,670	0
30	septic tank	3/01/13	3,661	91
31	SERVER	6/30/13	7,288	1,458
32	Restore A/C Unit	7/31/13	1,026	205
33	A/C ReStore Air Handler	9/12/14	1,500	300
34	StorageCraft Shadow Protect 5 Server	2/28/15	4,800	960
35	Transact POS Software, Scanner, Printer	6/16/15	1,368	274
36	A/C UNIT ReSTORE 2555	9/03/15	4,295	859
38	2000 GMC SIERRA 1500 PICKUP	9/11/15	1,537	307
39	FIRE EXTINGUISHERS	9/16/15	969	194
40	DELL COMPUTERS	9/17/15	3,381	677
41	POS SYSTEM	9/30/15	893	178
42	2 COMPUTERS/LICENSES	10/01/15	1,000	200
43	DELL COMPUTERS	6/24/16	1,116	223
44	C&W SERVER & RACK	10/08/15	7,908	1,581
45	LEASEHOLD IMPROVEMENTS	11/01/15	58,583	3,906
46	2015 GMC SAVANA 2500 WORK VAN-#7300	10/03/16	20,540	4,108
47	CONSTRUCTION UTILITY TRUCK	9/16/16	1,375	275
48	2008 YALE FORKLIFT	12/01/16	9,900	1,980
Total Other Depreciation			<u>1,236,586</u>	<u>39,792</u>
Total ACRS and Other Depreciation			<u>1,236,586</u>	<u>39,792</u>
Listed Property:				
25	2005 Isuzu box truck	8/27/08	17,900	0
			<u>17,900</u>	<u>0</u>
Grand Totals			<u>1,254,486</u>	<u>39,792</u>

Form **990****Two Year Comparison Report****2015 & 2016**For calendar year 2016, or tax year beginning **07/01/16**, ending **06/30/17**

Name

Taxpayer Identification Number

**HABITAT FOR HUMANITY OF MARTIN
COUNTY, INC.****59-2816698**

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1,213,210	961,420	-251,790
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	455,884	928,092	472,208
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		85,342	85,342
	8. Net income or (loss) from fundraising events	11,244	2,361	-8,883
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	808,818	1,044,048	235,230
	12. Total revenue. Add lines 1 through 11	2,489,156	3,021,263	532,107
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	135,655		-135,655
	16. Salaries, other compensation, and employee benefits	830,992	1,129,074	298,082
	17. Professional fundraising fees			
	18. Other professional fees	28,364	21,422	-6,942
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	41,273	48,222	6,949
	21. Other expenses	1,102,235	1,858,646	756,411
	22. Total expenses. Add lines 13 through 21	2,138,519	3,057,364	918,845
	23. Excess or (Deficit). Subtract line 22 from line 12	350,637	-36,101	-386,738
Other Information	24. Total exempt revenue	2,489,156	3,021,263	532,107
	25. Total unrelated revenue			
	26. Total excludable revenue	1,275,946	2,057,482	781,536
	27. Total assets	4,048,348	4,461,565	413,217
	28. Total liabilities	1,004,500	1,453,818	449,318
	29. Retained earnings	3,043,848	3,007,747	-36,101
	30. Number of voting members of governing body	14	13	
	31. Number of independent voting members of governing body	14	13	
	32. Number of employees	52	59	
	33. Number of volunteers		493	

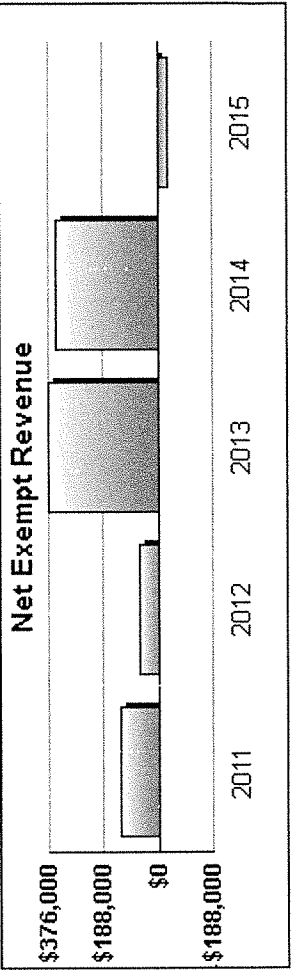
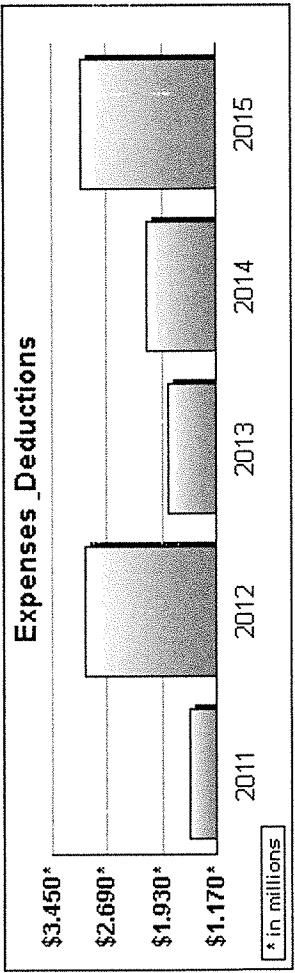
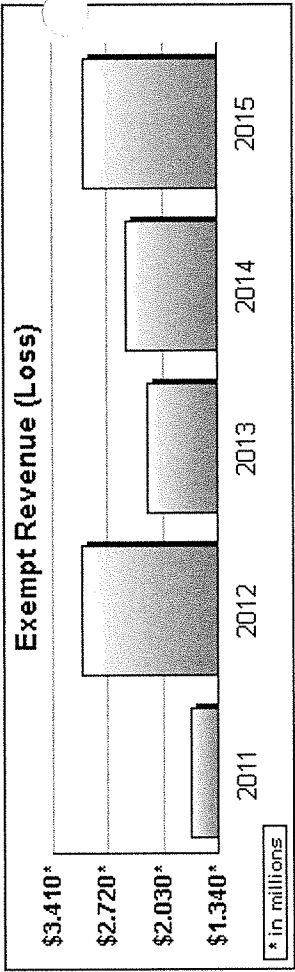
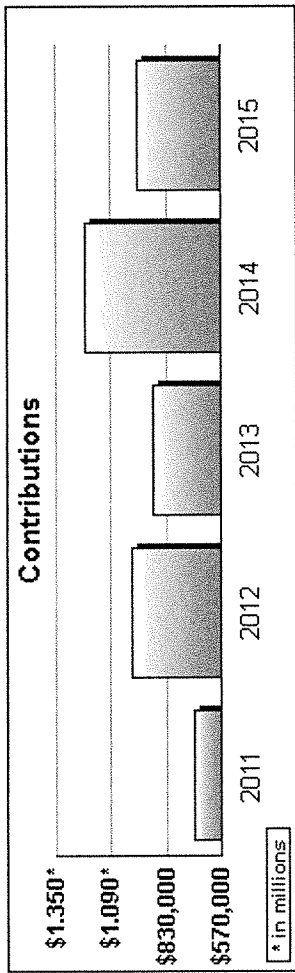
Form 990	Tax Return History	2016
Name HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.		Employer Identification Number 59-2816698

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	698,748	991,629	887,906	1,213,210	961,420	
Membership dues						
Program service revenue	414,051	1,498,837	678,973	455,884	928,092	
Capital gain or loss	79,026	71,997	72,415		85,342	
Investment income						
Fundraising revenue (income/loss)		31,250	27,170	11,244	2,361	
Gaming revenue (income/loss)						
Other revenue	493,044	462,779	547,013	808,818	1,044,048	
Total revenue	1,684,869	3,056,492	2,213,477	2,489,156	3,021,263	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	102,818	105,645	132,074	135,655		
Other compensation	573,751	503,625	571,032	830,992	1,129,074	
Professional fees		8,119	10,800	28,364	21,422	
Occupancy costs						
Depreciation and depletion	29,693	30,598	30,758	41,273	48,222	
Other expenses	843,301	2,343,287	1,091,173	1,102,235	1,858,646	
Total expenses	1,549,563	2,991,274	1,835,837	2,138,519	3,057,364	
Excess or (Deficit)	135,306	65,218	377,640	350,637	-36,101	
Total exempt revenue	1,684,869	3,056,492	2,213,477	2,489,156	3,021,263	
Total unrelated revenue						
Total excludable revenue	1,684,869	2,064,863	1,325,571	1,275,946	2,057,482	
Total Assets	3,365,449	3,386,576	3,679,677	4,048,348	4,461,565	
Total Liabilities	1,115,096	1,071,005	986,466	1,004,500	1,453,818	
Net Fund Balances	2,250,353	2,315,571	2,693,211	3,043,848	3,007,747	

Tax Return History

Form **990T** 2016
 Name **HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.** Employer Identification Number **59-2816698**

	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

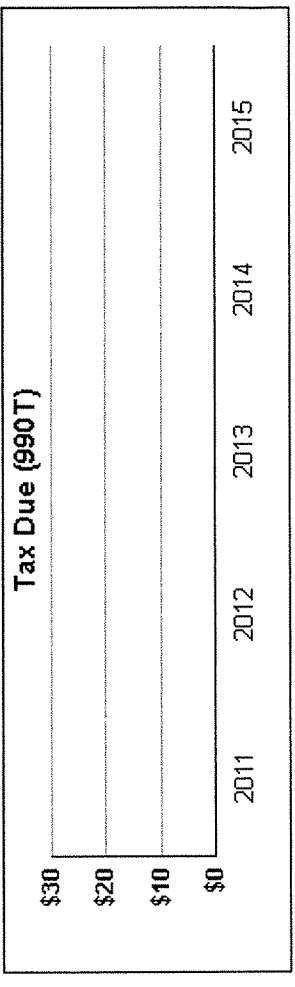
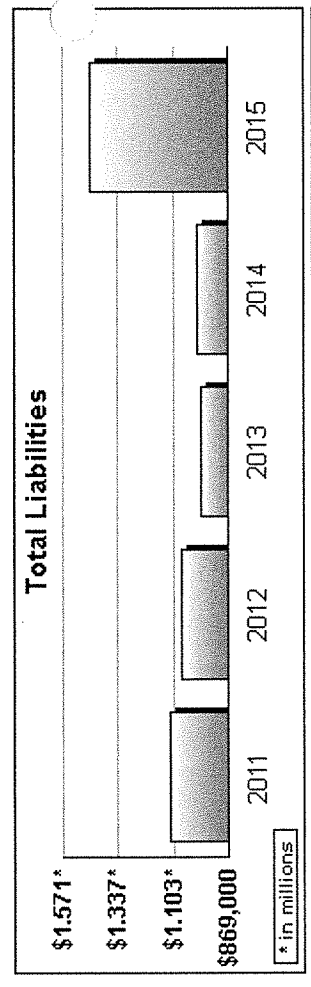
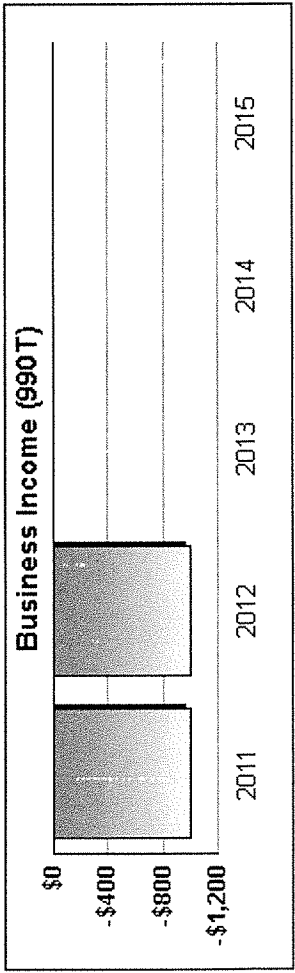
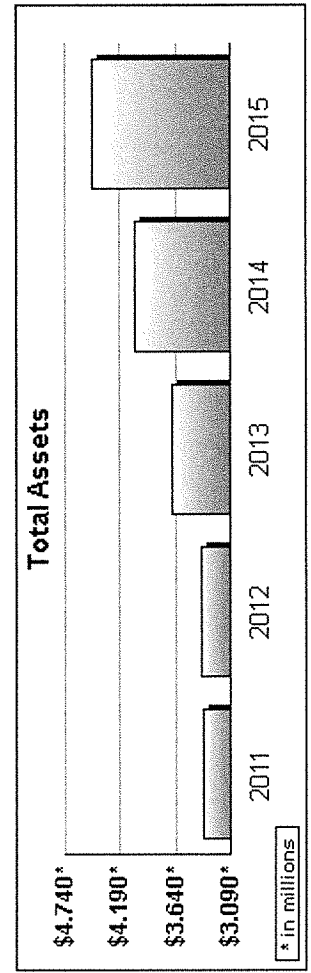


Tax Return History

Form **990T** 2016
 Name **HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.** Employer Identification Number **59-2816698**

	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
Income after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments		2,017				
Other payments		-2,017				
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
A BRUST WITH KINDNESS	\$ 54,448	54,448		
CONTRACT LABOR	51,568	51,568		
UTILITIES	36,532	36,532		
MERCHANT FEES	31,276	31,276		
OFFICE EXPENSES	25,913	25,913		
FUNDRAISING	20,105			20,105
OFFICE EXPENSES	11,852	5,926	5,926	
MISCELLANEOUS	10,703	6,193	4,510	
TELEPHONE	10,528	5,264	5,264	
FUNDRAISING	10,031			10,031
REPAIRS	9,977	1,434	8,543	
RENTAL EXPENSE	8,400			8,400
DUES AND FEES	8,056	4,575	3,481	
TELEPHONE	7,631	7,631		
UTILITIES	7,161	4,774	2,387	
POSTAGE AND PRINTING	7,135	171	6,964	
VOLUNTEER SERVICE EXP	5,489	5,489		
REPAIRS AND MAINTENANCE	5,469	5,469		
MEETINGS AND CONFERENCES	5,418	57	5,361	
MISC EXPENSE	3,456			3,456
REPAIRS AND MAINTENANCE	2,848			2,848
MERCHANT FEES	2,700		2,700	
CONTRACT LABOR	2,594	2,594		
PROFESSIONAL SERVICES	2,380			
OFFICE EXPENSE	1,317			
TAXES AND LICENSE	1,302	868	434	
TELEPHONE	1,170			1,170
WEBSITE	918	918		
DUES AND FEES	400			400
VOLUNTEER SERVICES	308	308		
COGS	264	264		
MISCELLANEOUS	239			
TRAVEL	119			119
Total	\$ 347,707	\$ 251,911	\$ 45,570	\$ 50,226

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CASH CONTRIBUTION	\$ 799,137
IN-KIND CONTRIBUTIONS	109,588
FUNDRAISING	7,195
Cash Contribution	45,500
WOMEN BUILD	961,420
Cash Contribution	
Total	<u>\$ 961,420</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
GLASRUD ASSOCIATION	\$ 168,000	\$ 5,828
HOBE SOUND COMMUNITY CHEST	193,000	30,828
Total	\$ 361,000	\$ 36,656

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
FUNDRAISING	\$ -109,602
Less: Deductions	-1,000
Total	\$ -110,602

Schedule A, Part II, Line 10(e)

Description	Amount
ReStore	\$ 1,044,048
Total	\$ 1,044,048

Schedule A, Part II, Line 12 - Current year

Description	Amount
TRANSFERS TO HOMEOWNERS	\$ 801,000
MORTGAGE LOAN DISCOUNT AMORT	122,122
OTHER INCOME	4,970
WOMEN BUILD	7,500
Total	\$ 935,592