_	99	00		Dotum	of Organizatio	n Evomo				OMB No. 1545-0047
Form	93	90		Return	n of Organizatio	n ⊏xempi	From Incon	ne lax		2017
			Under s	section 501(c	), 527, or 4947(a)(1) of tl	he Internal Rev	enue Code (excep	t private foundation	ons)	2017
Departi	ment of	the Treasury			Open to Public					
Interna	Revenu	ue Service		► Go to v	ww.irs.gov/Form990 fo	or instructions	and the latest info			Inspection
	or the	2017 calend		ax year begin		07-			06-30	,2018
		applicable:	C Name of org	ganization <b>Habi</b>	tat for Humanity	Inc of t	ne New River	Valley		mployer identification no.
	ddress c	•	Doing busin					1		-1367548
	ame cha	•		,	x if mail is not delivered to street	address)		Room/suite		elephone number
	itial retu				nklin Street					40)381-1144
		rn/terminated			, country, and ZIP or foreign post	al code				ross receipts
	mended				, VA 24073				\$	1,250,153
	pplicatio	n pending		address of principa	-	ortier		H(a) Is this a group ret		
			501(c)(3)	as C above	·	7(a)(1) at	527	H(b) Are all subordi		
		npt status: ∐ ▶ N/A	501(C)(3)	501(c) (	)  (insert no.)  494	7(a)(1) or	527			see instructions)
		rganization:	Corporation	Trust Ass	ociation Other ►		L Year of formation: 1	H(c) Group exemp 987 M State of		
Par		Summar							legal uom	icile. VA
I UI	1			nization's miss	ion or most significant act	tivities: Hab	itat for Huma	nity of the	New I	liver Vallev
	·				te of Habitat fo					
JCe					v income families				1405	<u>urroruupro</u>
nar		<u></u>								
Governance	2	Check this b	ox ► 🗌 if th	ne organizatior	n discontinued its operatio	ons or disposed	of more than 25% c	of its net assets.		
õ	3			-	erning body (Part VI, line <sup>2</sup>			1	3	13
s S	4		-	-	s of the governing body (				4	13
itie	5	Total numbe	r of individua	als employed ir	n calendar year 2017 (Pai	rt V, line 2a)		[	5	29
Activities &	6									813
٩	7a									0
	b	Net unrelate	ed business ta	axable income	from Form 990-T, line 34	1		[	7b	0
								Prior Year		Current Year
	8	Contributions	s and grants	(Part VIII, line	1h)			420,	745	435,328
anı	9	Program service revenue (Part VIII, line 2g)								0
Revenue	10	Investment in	ncome (Part	VIII, column (A	A), lines 3, 4, and 7d) .			(4,	920)	761
Å	11	Other revenue	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							558,348
	12			0	must equal Part VIII, colu	( ):		909,	905	994,437
	13			• •	IX, column (A), lines 1-3)			21,	000	6,900
	14				X, column (A), line 4) .		-			0
s			•		e benefits (Part IX, colum		· –	342,	955	404,960
Expenses			-		column (A), line 11e)				_	0
ad X					lumn (D), line 25) ►					
ш	17	•		. ,.	nes 11a-11d, 11f-24e)			346,		310,577
	18	•		•	equal Part IX, column (A)			710,		722,437
۲.S	19	IVEACUTOR 162	s expenses.	Subiraci inte	18 from line 12	<u></u>		199, Beginning of Current Y		272,000 End of Year
Net Assets or Fund Balances	20	Total assets	(Part X line	16)				1,094,		1,339,166
Asse I Bal	21		•					97,		70,294
Punc	22			,	line 21 from line 20			996,		1,268,872
Par			re Block					5507		1/200/0/2
Under	r penaltie	es of perjury, I de	clare that I have		rn, including accompanying sche			nowledge and belief, it is		
true, c	correct, a	and complete. De	claration of prepa	arer (other than off	icer) is based on all information o	of which preparer has	s any knowledge.			
		Shel	ley Fort	ier						
Sigr	ו ו	Signatur	re of officer						Date	
Here	e	Shel	ley Fort	ier, Exec	utive Director					
		Type or	print name and t	title	-					
		Print/Type pre	eparer's name		Preparer's signature		Date	Check	if PTIN	
Paid	I	Joshua	Arthur		Joshua Arthur		10-29-2018	self-employed	P	01609583
	barer		•	MartinAr	thur CPAs			Firm's EIN 🕨		
Use	Only	Firm's addres	is 🕨	PO Box 6	174			Phone no.		
					nsburg VA 24068				-381-	
May t	he IRS	S discuss this	return with th	he preparer sh	own above? (see instruct	tions)				. 🛛 Yes 🗌 No

For Paperwork	Reduction A	ct Notice.	see the	separate	instructions.

<pre>fl "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accompletiments for each of its three largest program services, as measured by expenses. Section 501(0)3 and 501(04) 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. 4 (Code:</pre>	Form	990 (2017) Habitat for Humanity Inc of the New River Valley	54-1367548	Page <b>2</b>
1 Beely describe the organization's mission: Habitat for Kumanity of the New River Valley is an independent affiliate of Habit Humanity International that provides affordable housing to qualifying low income inadequately housed. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 300 0900-527	Par	t III Statement of Program Service Accomplishments		
Habitat for Humanity of the New River Valley is an independent affiliate of Babit Humanity International that provides affordable housing to qualifying low income inadequately housed.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27         11 "Yes," describe these new services on Schedule O.         2       Did the organization cases conducting, or make significant changes in how it conducts, any program services?         11 "Yes," describe these changes on Schedule O.         4       Describe these changes on Schedule O.         4       Describe the organization's program service accomplaisments for each of its three largest program services, as measured by expenses. Section 501(c)(6) 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.         4       G Code:       ) (Expenses S       122,304 including grants of S       ) (Revenue S         y furniture, and appliances are sold at discounted prices. Net proceeds also help the program services.       ) (Revenue S       ) (Revenue S         4       (Code:       ) (Expenses S       58,863 including grants of S       ) (Revenue S         y forvides seco interest financing for many of the homes it sells.       )       )         4       (Code:       ) (Expenses S       6,900 including grants of S       6,900 ) (Revenue S         Th		Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
Bumanity International that provides affordable housing to qualifying low income inadequately housed.         2       Did the organization undertake any significant program services during the year which were not listed on the proform 990 of 990-EZ.         11       "Yes", describe these new services on Schedule O.         2       Did the organization case conducing, or make significant charges in how it conducts, any program services?         11       "Yes", describe these charges 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(e)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it any, for each program service donated building materials and aug furriture, and appliances are solid at discounted prices. Net proceeds also help : program services.         40       (Code:	1	Briefly describe the organization's mission:		
inadequately housed. 2 Did the organization undertake any significant program services during the year which were not listed on the proform 990 of 990-E27		Habitat for Humanity of the New River Valley is an independent affiliate of H	Habitat for	
2 Did terganization undertake any significant program services during the year which were not listed on the prior Form 990 or 590-E27		Humanity International that provides affordable housing to qualifying low in	come familie	s
<pre>prior Ferm 990 or 990 x 990 x 222</pre>		inadequately housed.		
<pre>prior Ferm 990 or 990 x 990 x 222</pre>				
<pre>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?</pre>	2	Did the organization undertake any significant program services during the year which were not listed on the		
<ul> <li>3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?</li></ul>		prior Form 990 or 990-EZ?	Yes 💈	K No
<pre>services?</pre>		If "Yes," describe these new services on Schedule O.		
H "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplements for each of its three largest program services, as measured by expenses. Sciento 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 \$	3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
H "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplements for each of its three largest program services, as measured by expenses. Sciento 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 \$		services?	Yes	K No
<ul> <li>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.</li> <li>4a (Cote:) (Expenses \$</li></ul>				
<pre>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.</pre> 4a       (Code:	4		ed by	
<pre>the total expenses, and revenue, if any, for each program service reported. 4a (Code:</pre>				
<pre>4a (Code:) (Expenses \$ 422,304 including grants of \$) (Revenue \$</pre>				
The organisation operates a retail store where donated building materials and sup furniture, and appliances are sold at discounted prices. Net proceeds also help : program services. 				
The organisation operates a retail store where donated building materials and sup furniture, and appliances are sold at discounted prices. Net proceeds also help : program services. 	42	(Code: ) (Expenses \$ 422 304 including grants of \$ ) (Revenue	\$ 555	,872)
<pre>furniture, and appliances are sold at discounted prices. Net proceeds also help : program services.  4b (Code:) (Expenses \$ 58,863 including grants of \$) (Revenue \$ Provided affordable housing to low income families. The organization builds homes provides zero interest financing for many of the homes it sells.  4c (Code:) (Expenses \$, 5,900 including grants of \$, 5,900 ) (Revenue \$ The organization helps support the global home construction mission of Habitat fo International.  4d Other program services (Describe in Schedule 0.) (Expenses \$, including grants of \$, ) (Revenue \$) 4e Total program services expenses ▶ 488,067</pre>	τu			,012)
<pre>program services.  program services.  4b (Code:) (Expenses \$58,863 including grants of \$) (Revenue \$ Provided affordable housing to low income families. The organization builds homes provides zero interest financing for many of the homes it sells.  4c (Code:) (Expenses \$6,900 including grants of \$6,900 ) (Revenue \$ The organization helps support the global home construction mission of Habitat for International.  4d Other program services (Describe in Schedule O.) (Expenses \$including grants of \$) (Revenue \$)  4d Other program services (Describe in Schedule O.) (Expenses \$including grants of \$) (Revenue \$) 4e Total program services expenses &gt;488,067</pre>				
4b       (Code:) (Expenses \$58,863 including grants of \$) (Revenue \$)         Provided affordable housing to low income families. The organization builds homes provides zero interest financing for many of the homes it sells.			eip runa orne	er
Provided affordable housing to low income families. The organization builds homes         provides zero interest financing for many of the homes it sells.		program services.		
Provided affordable housing to low income families. The organization builds homes provides zero interest financing for many of the homes it sells.				
Provided affordable housing to low income families. The organization builds homes provides zero interest financing for many of the homes it sells.				
Provided affordable housing to low income families. The organization builds homes provides zero interest financing for many of the homes it sells.				
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Provided affordable housing to low income families. The organization builds homes         provides zero interest financing for many of the homes it sells.				
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Provided affordable housing to low income families. The organization builds homes provides zero interest financing for many of the homes it sells.				
provides zero interest financing for many of the homes it sells.	4b	(Code:         ) (Expenses \$58,863 including grants of \$) (Revenue	\$	)
4c       (Code:) (Expenses \$6,900 including grants of \$6,900 ) (Revenue \$         The organization helps support the global home construction mission of Habitat for         International.		Provided affordable housing to low income families. The organization builds l	homes and al	so
The organization helps support the global home construction mission of Habitat for         International.		provides zero interest financing for many of the homes it sells.		
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.				
The organization helps support the global home construction mission of Habitat for         International.	40	(Code: ) (Expansion & C 000 including grants of & C 000 ) (Pervanue	¢	)
International.	40			)
4d       Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses ►			at for Human	ity
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067		International.		
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067				
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(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses > 488,067	4d	Other program services (Describe in Schedule O.)		
4e     Total program service expenses     ▶     488,067			)	
	4e			
EEM	EEA		Form	<b>990</b> (2017)

	n 990 (2017) Habitat for Humanity Inc of the New River Valley 54-13675	548	F	age 3
Pa	Int 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,"		res	NO
•		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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			v
7		6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		Λ
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť		- 23
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44-1		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Λ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 22
. <b>_</b> u	Schedule D, Parts XI and XII	12a	х	
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		3.7
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Х
EEA	If "Yes," complete Schedule G, Part III		990 /	2017)

Form **990** (2017)

IV       Checklist of Required Schedules (continued)         vid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	N
	20a		+
"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			Σ
	20b		
id the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
omestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
id the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
rganization's current and former officers, directors, trustees, key employees, and highest compensated			
mployees? If "Yes," complete Schedule J	23		
id the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
nrough 24d and complete Schedule K. If "No," go to line 25a	24a		
id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Γ
id the organization maintain an escrow account other than a refunding escrow at any time during the year			
b defease any tax-exempt bonds?	24c		
id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ī
			T
	25a		
			t
	25b		
	200		t
	26		
	20		┢
	27		
	21		+
	28a		+
	28b		
as an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
hid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
id the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
onservation contributions? If "Yes," complete Schedule M	30		
id the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
Part I	31		
id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
omplete Schedule N, Part II	32		
id the organization own 100% of an entity disregarded as separate from the organization under Regulations			
ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
Vas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
r IV, and Part V, line 1....................................	34		
id the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		T
			T
	35b		
			t
	36		
			t
	37		
bid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		
9? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	x	1
	<pre>rgarization's current and former officers, directors, trustees, key employees, and highest compensated mployees? If "Yes," complete Schedule J</pre>	rganization's current and former officers, directors, trustees, key employees, and highest compensated mployees? If 'Yes,' complete Schedule J difference of the second se	rgarization's current and former officers, directors, trustees, key employees, and highest compensated problem in the set tare-exempt bond issue with an outstanding principal amount of more than 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 morogin 24d and complete Schedule K If Wo's, or to line 25a

	990 (2017) Habitat for Humanity Inc of the New River Valley 54-13675	48	F	Page 5
Pa	rt 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 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
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 returm 2a 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

Form	990 (2017) Habitat for Humanity Inc of the New River Valley 54-1367	548	P	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	_		
	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.			
b	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?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			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?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?	. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71.		v
•	stockholders, or persons other than the governing body?	. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:	80	v	
a h	The governing body?		X X	
b 9	Each committee with authority to act on behalf of the governing body?	. 00		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 5		<u></u>
000			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	. 100		- 23
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a		Х
b	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	. 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 12c	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	X	
b	Other officers or key employees of the organization	. 15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	. 16a		Х
b	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?	. 16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
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:			
	Shelley Fortier (540)381-1144, 1675 North Franklin Street, Christiansburg, VA 240	73		

Form 990 (20	M7) Habitat for Humanity Inc of the New River Valley	54-1367548	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an Independent Contractors										
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.

			-51150							
			(C) Position							
	(A) (B)			ck m	ore than on		(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for	office	er and	a dir	son is both rector/truste	e)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	r ormer Highest compensated	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Don Mullins Board Member	2.00	Х					(	0 0	0	
(2) Tom Sherman	2.00									
Board Member		Х						o o	0	
(3) David Pynn	2.00									
Treasurer		Х		Х				o o	0	
(4) Ted Koebel	2.00									
Secretary		Х		Х				0 0	0	
(5) Larry Day	2.00_	37							_	
Board Member		Х						0	0	
(6) Mary A Bonadeo Chair	2.00_	X		х				0	0	
(7) man (1	2.00							, <u> </u>	<b>.</b>	
(/) TOM SKUZINSKI Board member		Х						o o	0	
(8) Steve Jones	2.00									
Board member		Х						o o	0	
(9) Patrick Doan	2.00									
Collegiate Chapter Advisor		х						o o	0	
(10)Kate_Fritz	2.00									
Vice Chair		Х		Х				o o	0	
(11)Bobby Parker	2.00									
Board Member		Х						o o	0	
(12)Crystal Hollins	2.00			_						
Board Member		Х						0 0	0	
(13)Holly L Lesko	2.00									
Board Member		Х						0 0	0	
(14)Shelley Fortier	55.00									
Executive Director				Х			73,800	0	0	

	00 (2017) Habitat for Humani	ty Inc o	f th	e N	lew	Ri	ver	Va	lley	54-136	7548	F	9age <b>8</b>	
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	st Con	nper	nsated Employee	s (continued)				
					(0									
	(A)	(B)	(do n	ot che	Posi ck m		nan one		(D)	(E)		(F)		
	Name and title	Average	box, ι	unless	s pers	on is	both an	I	Reportable compensation	Reportable		Estimated amount of		
		hours per week (list any					trustee)		from	compensation from related	a	other		
		hours for	Individual trustee or director	Instit	Officer	Key	Highest compensated employee Key employee		the organization	organizations		npensati		
		related organizations	ecto	nstitutional trustee	e,	ampl	oyee	ier	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the ganizatio		
		below dotted	r trust	al tru		oyee	ompe					nd relate		
		line)	ee	Istee			ensa				OI	ganizatio	ns	
							ied							
(15)														
<u>.</u>														
(16)														
(17)		L												
<u>(18)</u>														
<u>(19)</u>														
(20)						-								
(20)														
(21)														
<u><u> </u></u>														
(22)														
<u> </u>														
(23)														
<u>(24</u> )		L												
(25)														
1b	Sub-total		•••	•••	•••	•••	•••	►						
с С	Total from continuation sheets to Part VII, Section		•••	•••	•••	•••	•••	•	73,800				0	
2	Total (add lines 1b and 1c)            Total number of individuals (including but not limited)												0	
-	reportable compensation from the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	witto	100	civeu	mor		(	)			
												Yes	No	
3	Did the organization list any former officer, directo	r, or trustee,	key er	nplo	yee	, or l	highes	st co	mpensated					
	employee on line 1a? If "Yes," complete Schedule	J for such in	dividua	al							3		Х	
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	comp	ensa	ation from the					
	organization and related organizations greater that	n \$150,000?	If "Yes	s," Co	отр	lete	Sche	dule	J for such					
	individual										4		Х	
5	Did any person listed on line 1a receive or accrue co			-			-		ion or individual					
0	for services rendered to the organization? If "Yes,"	' complete So	chedul	e J f	or s	uch	perso	n			5		Х	
	on B. Independent Contractors	d for dama and da								- 1				
1	Complete this table for your five highest compensate													
	compensation from the organization. Report compen-	ISation to the	e calei	iuai	yea	en	ung w		or within the organiz					
	year. (A)								(B)			(C)		
	Name and business address								Description of		Com	pensatio	n	
						_								
									1	I				

2	Total number of independent contractors (including but not limited to those listed above) who	
	received more than \$100,000 of compensation from the organization	

Form 99	0 (20	17) Habitat	for Huma	anity	Inc of the	New River Va	alley	54-13675	48 Page 9
Part V	VIII	Statement of Revenu	e						
		Check if Schedule O contain	s a respons	e or no	ote to any line in thi	s Part VIII			<u> [</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ះ ដ	1a	Federated campaigns		1a					
ount	b	Membership dues		1b					
Am G	С	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d					
ons, Sim	е	Government grants (contribution		1e	89,553				
her	f	All other contributions, gifts, gr							
atrib I Ot		and similar amounts not includ		1f	345,775				
anc	g	Noncash contributions include			24,365				
	h	Total. Add lines 1a-1f		• • •		435,328			
Ð					Business Code				
Program Service Revenue	2a								
e Rev	b								
rvice	C L								
n Se	d								
grar	e	All other program service rever							
Pro		1 0							
		Total. Add lines 2a-2f			•••••				
	3	Investment income (including diand other similar amounts) .			•	799	799		
	4	Income from investment of tax-				799	799		
	5	Royalties	•	•					
	Ŭ		(i) Rea		(ii) Personal				
	62	Gross rents	(I) IXea		(ii) Feisoriai				
		Less: rental expenses							
		Rental income or (loss)							
	1	Net rental income or (loss)							
		Gross amount from sales of (i) Securities			(ii) Other				
	10	assets other than inventory	()		216,591				
	h	Less: cost or other basis			-				
		and sales expenses			216,629				
	с	Gain or (loss)			(38				
	d	Net gain or (loss)				(38	) (38	)	
ne	8a	Gross income from fundraising							
Other Revenue		events (not including \$							
Re		of contributions reported on line	e 1c).						
her		See Part IV, line 18		. а					
ð	b	Less: direct expenses		. b					
	С	Net income or (loss) from fundr	aising even	s.	•				
	9a	Gross income from gaming acti							
		See Part IV, line 19							
		Less: direct expenses							
	С	Net income or (loss) from gami	ng activities	• •					
	10a	Gross sales of inventory, less							
		returns and allowances			594,959				
		Less: cost of goods sold			39,087				
	c	Net income or (loss) from sales	of inventor	y		555,872	555,872		
	4.4	Miscellaneous Revenue			Business Code				
		Miscellaneous			900099	2,476	2,476		
	b								
	C L								
		All other revenue			<b>、</b>	0 454			
		Total. Add lines 11a-11d .				2,476			
	12	Total revenue. See instructions	• • • •		🖻	994 <b>,</b> 437	559,109	C	, (

#### Form 990 (2017) Habitat for Humanity Inc of the New River Valley 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 . . . . . . (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 6,900 6,900 . . . Grants and other assistance to domestic 2 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, 14,760 73,800 59,040 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . Other salaries and wages ..... 7 284,362 171,310 105,103 7,949 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 16,566 8,052 8,188 326 10 30,232 20,325 9,297 610 11 Fees for services (non-employees): а b Legal..... 583 583 7,743 5,358 2,385 С d Professional fundraising services. See Part IV, line 17 . е f Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 1,959 1,959 12 2,343 2,343 13 7,758 2,441 1,839 3,478 14 15 16 135,663 135,536 96 31 17 7,735 6,569 1,146 20 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . . . . 20 644 644 21 7,500 7,500 22 Depreciation, depletion, and amortization . . . . . 10,084 9,950 134 23 20,147 20,147 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 Outreach 30,548 2,195 6,027 22,326 b Repairs and maintenance 18,273 7,924 10,203 146 c Supplies and equipment 11,173 1,017 12,196 6 d Bank and credit card fees 10,838 10,154 684 8,731 е All other expenses 36,563 26,255 1,577 Total functional expenses. Add lines 1 through 24e 25 722,437 488,067 197,217 37,153 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 📙 if following SOP 98-2 (ASC 958-720)

Form	990 (20 <b>t X</b>	Habitat for Humanity Inc of the New River Va Balance Sheet	lley 5	4-136	57548 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	70,333	1	95,324
	2	Savings and temporary cash investments	332,279	2	400,078
	3	Pledges and grants receivable, net	19,090	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		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			
ú		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	382,137	7	457,634
Assets	8	Inventories for sale or use	41,133	8	57,177
As	9	Prepaid expenses and deferred charges	7,209	9	6,923
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 75,062			
	b	Less: accumulated depreciation	22,430	10c	30,915
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	218,303	13	289,566
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,549	15	1,549
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,094,463	16	1,339,166
	17	Accounts payable and accrued expenses	46,897	17	45,858
	18	Grants payable		18	
	19		19,090	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	5,981	21	1,369
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	25,623	23	23,067
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	97,591	26	70,294
		Organizations that follow SFAS 117 (ASC 958), check here 🕞 🔀 and			
S		complete lines 27 through 29, and lines 33 and 34.			
ľuči	27	Unrestricted net assets	996,872	27	1,268,872
3ala	28	Temporarily restricted net assets		28	
Эрг	29	Permanently restricted net assets		29	
ΗĽ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕞 🗌 and			
۲.		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	996,872	33	1,268,872
	34	Total liabilities and net assets/fund balances	1,094,463	34	1,339,166
EEA					Form 990 (2017)

Form	990 (2017) Habitat for Humanity Inc of the New River Valley 5	4-136	7548	P	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		994,	437
2	Total expenses (must equal Part IX, column (A), line 25)	2		722,	437
3	Revenue less expenses. Subtract line 2 from line 1	3		272,	000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		996,	872
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	,268,	872
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			For	m <b>990</b> (	2017)

SCHEDULE A			Public Charity Status and Public Support					OMB No. 1545-0047	
			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2017	
(Form 990 or 990-EZ) Department of the Treasury		0 or 990-EZ)	► Attach to Form 990 or Form 990-EZ.					Open to Public	
		of the Treasury enue Service	▶		ov/Form990 for instruct		the latest	information.	Inspection
Name of the organization								Employer identification	ion number
Hal	oita	t for Huma	nity Inc of the	e New River	Valley			54-136754	8
Pa	art I	Reason	for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instructions	
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.	)	•	
1		A church, conv	vention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b	)(1)(A)(iii). Enter the	
		hospital's nam	e, city, and state:						
5		An organizatio	n operated for the bene	efit of a college or ι	iniversity owned or operation	ated by a g	overnmen	tal unit described in	
		section 170(b	)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7	Х	An organizatio	n that normally receive	s a substantial part	of its support from a gov	/ernmental	unit or fro	m the general public	
		described in <b>s</b>	ection 170(b)(1)(A)(vi	). (Complete Part I	l.)				
8		A community t	rust described in <b>secti</b>	on 170(b)(1)(A)(v	i). (Complete Part II.)				
9		An agricultura	I research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colle	ge
		or university of	r a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, ci	y, and stat	te of the college or	
		university:							
10		An organizatio	n that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	pership fees, and gross	
		receipts from a	activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its	
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	from businesses	
		acquired by th	e organization after Ju	ne 30, 1975. See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	on organized and opera	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).		
12		An organizatio	n organized and operat	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	3
		of one or more	e publicly supported or	ganizations describ	oed in section 509(a)(1)	or section	n 509(a)(2	). See <b>section 509(a)(</b>	3).
		Check the box	in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 1	2g.
	а	<b>Type I.</b> A	supporting organization	n operated, superv	ised, or controlled by its	supported	organizat	ion(s), typically by givi	ng
		the suppor	rted organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the	
		•	-	-	IV, Sections A and B.				
	b				ontrolled in connection w		-	.,	
			• •		on vested in the same pe	rsons that	control or r	manage the supported	
			on(s). You must comp						
	С			ted. A supporting organization operated in connection with, and functionally integrated with,					
	_		-	,	u must complete Part l				
	d	- •			organization operated i				n(s)
					enerally must satisfy a d		•	nt and an attentiveness	
				-	e Part IV, Sections A a				
	е		-		determination from the IF		a Type I,	Type II, Type III	
				-	ntegrated supporting orga				
	f				••••				••••
	g		lowing information abo						
	(i	i) Name of supported	I organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	0 0	instructions)	instructions)
						¥-	N	4	
						Yes	No		
(A)									
(B)									
(C)									
(D)									

(E)

				the New Rive		54-1367548	- 0
Pa							
	(Complete only if you check						v under
	Part III. If the organization f	ails to qualify u	inder the tests	listed below, pl	lease complete	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	116,032	92,660	259,273	439,835	435,328	1,343,128
2	Tax revenues levied for the						
2	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	116,032	92,660	259,273	439,835	435,328	1,343,128
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)						146,165
6	Public support. Subtract line 5 from line 4						1,196,963
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	116,032	92,660				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
	similar sources	5	10	2	118	799	934
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.)		816		4,605	2,476	7,897
11	<b>Total support.</b> Add lines 7 through 10		010		4,005	2,470	1,351,959
12	Gross receipts from related activities, etc. (s					12	
		,		•••••			2,580,936
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	rth, or fifth tax year	as a section 501	c)(3)	
500	organization, check this box and stop here tion C. Computation of Public Su	nort Porcont	200	•••••			· · · · · ▶ []
		• •	-	())		44	<u> </u>
14	Public support percentage for 2017 (line 6, c	.,					88.54 %
15	Public support percentage from 2016 Sched						83.44 %
16a	33 1/3% support test - 2017. If the organiz						. 57
	box and <b>stop here.</b> The organization qualif		•				▶⊠
b	33 1/3% support test - 2016. If the organiz						
	this box and <b>stop here.</b> The organization q					• • • • • • • • • •	•••• □
1/a	10%-facts-and-circumstances test - 2017	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		-				
	organization						▶ ∐
b	10%-facts-and-circumstances test - 2016	-				lline	
	15 is 10% or more, and if the organization r				-		
	Explain in Part VI how the organization mee	ts the "facts-and-ci	rcumstances" test.	The organization of	qualifies as a public	cly	_
	supported organization						▶□
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	ck this box and see	e	_
							▶ []

Schedule A (Form 990 or 990-EZ) 2017

				the New Riv		54-136754	8 Page 3
Pa	Int III Support Schedule for Org						5 ( 11
	(Complete only if you check						r Part II.
500	If the organization fails to q ction A. Public Support	uality under the	e tests listed b	elow, please c	omplete Part II.	)	
	endar year (or fiscal year beginning in) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010		(0) 2010	(4) 2010	(0) 2017	
•	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from           line 6.)						
Se	ction B. Total Support		l				
Cale	endar year (or fiscal year beginning in) >	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	organization, check this box and stop here						<u>▶</u>
	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co	.,				15	<u>%</u>
<u>16</u>	Public support percentage from 2016 Schedu ction D. Computation of Investmen					16	%
17	Investment income percentage for 2017 (line		-	column (f))		17	%
18	Investment income percentage for 2017 (inter-	.,	•	.,,		18	<u> </u>
	<b>33 1/3% support tests - 2017.</b> If the organization is not more than 33 1/3%, check this box	zation did not cheo	ck the box on line	14, and line 15 is r	nore than 33 1/3%,	and line	
b	<b>33 1/3% support tests - 2016.</b> If the organiz line 18 is not more than 33 1/3%, check this	zation did not cheo	ck a box on line 14	or line 19a, and li	ne 16 is more than	33 1/3%, and	
20	<b>Private foundation.</b> If the organization did r	-	-			-	

Part		<b>.</b>		
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and P. Kusu checked 12b of Part I.			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	•	;	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part A	art v.)		
ecti	on A. All Supporting Organizations			-
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
Ba	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	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.	3c		
a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
a	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	E a		
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
5	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
6	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	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 <b>Part VI</b> .	9c		
)a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
		10-		
<b>k</b>	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401		
	determine whether the organization had excess business holdings.)	10b	or 990-E	

Schedule A (Form 990 or 990-EZ) 2017 Habitat for Humanity Inc of the New River Part IV Supporting Organizations (continued)	Valley 54-1367548	F	Page
		Yes	N
11 Has the organization accepted a gift or contribution from any of the following person	s?		
a A person who directly or indirectly controls, either alone or together with persons de			
below, the governing body of a supported organization?	11a	1	
<b>b</b> A family member of a person described in (a) above?	11k	)	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or	c, provide detail in <b>Part VI</b> . 110	;	
Section B. Type I Supporting Organizations			
		Yes	N
1 Did the directors, trustees, or membership of one or more supported organizations h	have the power to		
regularly appoint or elect at least a majority of the organization's directors or trustee	s at all times during the		
tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively o	perated, supervised, or		
controlled the organization's activities. If the organization had more than one suppor			
describe how the powers to appoint and/or remove directors or trustees were alloca	-		
organizations and what conditions or restrictions, if any, applied to such powers dur	• • • • • • • • • • • • • • • • • • • •		
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?	<sup>,</sup> If "Yes," explain in <b>Part</b>		
VI how providing such benefit carried out the purposes of the supported organization	n(s) that operated,		
supervised, or controlled the supporting organization.	2		
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).	1		
Section D. All Type III Supporting Organizations			
		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day c	of the fifth month of the		
organization's tax year, (i) a written notice describing the type and amount of suppor	t provided during the prior tax		

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		

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** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **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.

3b Schedule A (Form 990 or 990-EZ) 2017

3a

2a

2b

3

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or		ations	67548 Page
Part VType III Non-Functionally Integrated 509(a)(3) Supporting Or1Check here if the organization satisfied the Integral Part Test as a qualifying	-		in in Dort \/I\ See
<b>instructions.</b> All other Type III non-functionally integrated supporting organi			-
	Zations	must complete Sectio	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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>b</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 <b>Part VI</b> ):			
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	-integra	ated Type III supportin	g organization (see
instructions).	÷		`

Schedule A (Form 990 or 990-EZ) 2017

	ule A (Form 990 or 990-EZ) 2017 Habitat for Humanity Inc			5 <b>7548</b> Page <b>7</b>
	rt V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	zations (continued)	
	ction D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7				
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (For	rm 990 or 990-EZ) 2017 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

# **Schedule of Contributors**

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

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

#### Name of the organization

Employer identification number 54–1367548

OMB No. 1545-0047

2017

Habitat	for	Humanity	Inc	of	the	New	River	Valley	54-1367548	
Organizatio	on typ	e (check one):	:							

Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 foundation

Check 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.

**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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Habitat for Humanity Inc of the New River Valley

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1</u>	BAE Systems 4050 Peppers Ferry Rd Radford, VA 24141	\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2_	Town of Blacksburg 300 S Main St Blacksburg, VA 24062	\$105,668	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Kesler Contracting 2869 Riner Road Christiansburg, VA 24073	\$10,500	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Joan D Bellis 1504 Trillium Lane N Blacksburg, VA 24060	\$9,482	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	Partners for Places 6705 SW 57th Avenue Suite 700 Miami, FL 33143	\$17,366	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Employer identification number

54-1367548

Page 2

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	113 Sh Lowes Stock	_	
-		\$9,482	04-19-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Habitat for Humanity Inc of the New River Valley Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number 54-1367548

	IEDULE D m 990)	Supplemental Financial Statements		OMB No. 1545-0047
(FUI	m 990)	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.		2017
Doport	ment of the Treasury	► Attach to Form 990.		Open to Public
•	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	tion.	Inspection
	of the organization		Employer identifie	
		Humanity Inc of the New River Valley	54-136	7548
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or Accou if the organization answered "Yes" on Form 990, Part IV, line 6.	ints.	
	Complete	(a) Donor advised funds	(b) Funds and o	other accounts
1	Total number at er	d of year	(b) Funds and (	
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5	Did the organization	on inform all donors and donor advisors in writing that the assets held in donor advised		
	funds are the orga	nization's property, subject to the organization's exclusive legal control?		🗌 Yes 🗌 No
6	-	on inform all grantees, donors, and donor advisors in writing that grant funds can be used		
		purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
Do		ssible private benefit?	••••	Yes No
Fal		e if the organization answered "Yes" on Form 990, Part IV, line 7.		
1		servation easements held by the organization (check all that apply).		
•		of land for public use (e.g., recreation or education) Preservation of a historical	llv important land a	rea
	Protection of r		• •	
	Preservation c			
2		through 2d if the organization held a qualified conservation contribution in the form of a co	onservation	
		ast day of the tax year.		he End of the Tax Year
а		onservation easements	. 2a	
b	Total acreage rest	ricted by conservation easements	. 2b	
С	Number of conserv	vation easements on a certified historic structure included in (a)	. 2c	
d	Number of conserv	vation easements included in (c) acquired after 7/25/06, and not on a		
		sted in the National Register		
3		vation easements modified, transferred, released, extinguished, or terminated by the orga	inization during the	
	tax year ►			
4		where property subject to conservation easement is located		
5	-	tion have a written policy regarding the periodic monitoring, inspection, handling of		
6		procement of the conservation easements it holds?		
U		nous devoted to monitoring, inspecting, nanding of violations, and emotioning conservation	n easements duin	g the year
7	Amount of expense	 es incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the	e vear
-	▶\$			,
8	Does each conser	vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(i)	
	and section 170(h)	(4)(B)(ii)?		🗌 Yes 🗌 No
9	In Part XIII, descrit	be how the organization reports conservation easements in its revenue and expense state	ement, and	
	balance sheet, and	include, if applicable, the text of the footnote to the organization's financial statements that	at describes the	
		ounting for conservation easements.		
Pa		zations Maintaining Collections of Art, Historical Treasures, or Ot	ther Similar As	ssets.
		te if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	-	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a		
		ical treasures, or other similar assets held for public exhibition, education, or research in f vide, in Part XIII, the text of the footnote to its financial statements that describes these ite		
b		elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and		
D.	-	ical treasures, or other similar assets held for public exhibition, education, or research in f		
		vide the following amounts relating to these items:		
		ded on Form 990, Part VIII, line 1	· · · · · ► \$	
		d in Form 990, Part X	· · · · · ► \$	
2		received or held works of art, historical treasures, or other similar assets for financial gain		
	-	required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	-	on Form 990, Part VIII, line 1	· · · · · ► \$	
b	Assets included in	Form 990, Part X	· · · · · · • • • • • • • • • • • • • •	
For F	aperwork Reducti	on Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2017

_	ule D (Form 990) 2017 Habitat for Hun rt III Organizations Maintaining C							54-136			age 2
									<b>SELS</b> (CO)	ninue	<i>u)</i>
3	Using the organization's acquisition, accession, a		er records, c	check any o	the follow	ing that are a	a signinca	ini use of its			
_	collection items (check all that apply):										
a	Public exhibition		_	an or excha	nge progra	ims					
b	Scholarly research		e ∐ Oth	her							
c	Preservation for future generations										
4	Provide a description of the organization's collect	ctions ai	nd explain h	ow they furt	her the org	anization's e	exempt pi	irpose in Part			
_	XIII.										
5	During the year, did the organization solicit or re								Π.	- T	۰
D	assets to be sold to raise funds rather than to be			t of the orga	anization's	collection?			•••	Yes	_ No
Pa	rt IV Escrow and Custodial Arrang										
	Complete if the organization an	swere	d "Yes" o	on Form S	90, Part	IV, line 9	, or rep	orted an amou	unt on Fo	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian o	or other	intermediary	for contribu	utions or ot	her assets r	ot		_	r	_
	-							•••••	· · □ ·	Yes	X No
b	If "Yes," explain the arrangement in Part XIII and	d comple	ete the follow	wing table:							
								An	nount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form	990, Pa	art X, line 21	, for escrow	or custod	ial account li	ability?			Yes	No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck hei	re if the expl	lanation has	been prov	ided on Part	XIII .			[	
Pa	rt V Endowment Funds.		·								
	Complete if the organization an	swere	ed "Yes" c	on Form 9	90, Part	IV, line 1	0.				
			Current year	(b) Pri		(c) Two year		(d) Three years back	(e) Fou	ır years b	ack
1a	Beginning of year balance	(-, -		(4) ***		(-)		(-,	(0) * 00		
b											
c	Net investment earnings, gains, and										
U											
А	Grants or scholarships										
u	-										
е	Other expenditures for facilities and										
,											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	year en		ine 1g, colu	mn (a)) hei	d as:					
a	Board designated or quasi-endowment		%								
b	Permanent endowment  %										
С	Temporarily restricted endowment		%								
	The percentages on lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the possession	on of the	e organizatio	on that are h	eld and ad	ministered f	or the				
	organization by:									Yes	No
	(i) unrelated organizations			• • • • •				•••••	. 3a(i)		
	(ii) related organizations								. 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations li	sted as	required on	Schedule F	R?				. 3b		
4	Describe in Part XIII the intended uses of the or	ganizat	ion's endow	ment funds.							
Pa	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization an		ed "Yes" c	on Form 9	90, Part	IV, line 1	1a. See	Form 990, P	art X, lin	e 10.	
	Description of property		(a) Cost or ot			other basis		Accumulated		ok value	
	· · · ································		(investr			other)		preciation	(_) 200		
1a	Land		· · · · · · · · · · · · · · · · · · ·								
b	Buildings	-									
c d		–				75 062		44 147		20	01 F
d	Equipment					75,062		44,147		30,9	313
e Toto	Other			Varlen	(D) 15						.1 -
	I. Add lines 1a through 1e. (Column (d) must eq	ual F0ľ	111 990, Part	л, coiumn	( <i>D), line 1</i> 0		<u></u>	· · · · · •		30,9	
EEA								5	Schedule D (I	-orm 990	J) 2017

Schedule D (Form		manity Inc of the New	7 River Valley	54-1367548	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answere	ed "Yes" on Form 990, Par	rt IV, line 11b. See I	Form 990, Part X, lir	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) M	ethod of valuation: -of-year market value	
(1) Financial	derivatives				
.,	leld equity interests				
., .					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	e) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answere	ed "Yes" on Form 990, Par	rt IV, line 11c. See I	Form 990, Part X, lir	ne 13.
	(a) Description of investment	(b) Book value	.,	ethod of valuation: -of-year market value	
(1) Real	estate held for development	177,550	Cost		
	ruction in progress	112,016	Cost		
(3)	ruccion in progress	112,010	COBC		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	a) must equal Form 990, Part X, col. (B) line 13.)	289,566			
Part IX	Other Assets.				
	Complete if the organization answere	ed "Yes" on Form 990, Par	rt IV, line 11d. See I	<u>-orm 990, Part X, lir</u>	ne 15.
	(a)	Description		(b) Book	k value
(1) Secur	ity Deposits				1,549
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line a	(5)		►	1,549
Part X	Other Liabilities.			•••	1,515
TurtX	Complete if the organization answere	ad "Yes" on Form 990 Pai	rt IV/ line 11e or 11f	See Form 990 Pa	art X
	line 25.			. 000 1 0111 000, 1 0	ar X,
<u>1.</u>	(a) Description of liability	(b) Book value	-		
	income taxes		_		
(2)			-		
(3)			_		
(4)			_		
(5)			_		
(6)					
(7)					
(8)					
(9)					
Total. (Column (b	) must equal Form 990, Part X, col. (B) line 25.)				
2. Liability for	r uncertain tax positions. In Part XIII, provide the te	ext of the footnote to the organiza	tion's financial statement	s that reports the	
	liability for uncertain tax positions under FIN 48 (	_			[]
EEA		· · · ·		Schedule D (Fo	orm 990) 2017

Sched	Lule D (Form 990) 2017         Habitat for Humanity Inc of the New River Valley         5	4-1367548	Page 4
Pa	rt 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	994,437
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	994,437
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	994,437
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	722,437
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	722,437
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	722,437
Pa	rt 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.

SCHEDULE I	G	rants and Othe	r Assistance to	Organization	IS,	L	OMB No. 1545-0047
(Form 990)	Gov	ernments, and te if the organization a	Individuals in i		Ites		2017
Department of the Treasury	Comple	-	Attach to Form 990.		. VI 22.	C	Open to Public
Internal Revenue Service		Go to www.irs.	.gov/Form990 for the l	latest information.			Inspection
Name of the organization						Employer identification	
Habitat for Humanity Inc of						54-1367548	
Part I General Information							
1 Does the organization maintain recor		-	-				
the selection criteria used to award t	-					• • • • • • • • • • •	. 🛛 Yes 🗌 No
2 Describe in Part IV the organization's					·		
Part II Grants and Other Assis						"Yes" on Form	
990, Part IV, line 21, for							
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Habitat for Humanity Inte							To carry out
270 Peachtree Street Suite							the org's
Atlanta, GA 30303	91-1914868	501(c)(3)	6,900				mission
(2)							
(3)							
(4)							
(5)							
(5)							
(0)							
(6)							
(7)							
(8)							
(9)							
• •							
(10)							
2 Enter total number of section 501(c)	(3) and government organ	zations listed in the line	1 table			·	
3 Enter total number of other organizat							

## Schedule | (Form 990) (2017) Habitat for Humanity Inc of the New River Valley

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Pr	rovide the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	ional information.

54-1367548

Page 2

SCHEDULE L		т	ransactio	ns	With In	tereste	ed Pe	rsons			L	OMB No	o. 1545-0	0047
(Form 990 or 990-EZ)	Comp			ered	"Yes" on	Form 990,	Part IV,	ine 25a, 25b, 26, 2	27, 28a	1,		2	017	,
Department of the Treasury		<b>b O a</b> ta				0 or Form				Open To Public Inspection		blic		
Internal Revenue Service Name of the organization		► Go to	www.irs.gov/F	-orm	990 for ins	structions	and the	latest informatio	n. yer iden	tificatior			ction	
Habitat for Huma	nity Tr	ng of the	New Diver	V - 1	lev			54-1	L3675	:49				
						501(c)(4)	and 50	1(c)(29) organiz						
												line 4	0b.	
		<b>3</b>	ion answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 (b) Relationship between disqualified person and										(d) Corr	rected?
1 (a) Name of disqualified person			01	rganiza	ation			(c) Description of transaction					Yes	No
(1)														
(2)														
(3)														
2 Enter the amount of under section 4958			•		•	•	-	•						
3 Enter the amount of										► \$				
			sted Persons.		Form 990	-F7 Part	V line ?	8a or Form 990	Part	IV lin	e 26.	or if t	he	
			nt on Form 99						, r arc	10, 111				
		(b) Relationship with organization			d) Loan to or from the rganization?	<b>(e)</b> Or principal	•	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				т	o From	_			Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
Total							. ► :	6						
			i <b>ting Intereste</b> nswered "Yes				line 07							
(a) Name of interested p		(b) Relationsh	ip between interested			of assistance		I) Type of assistance		(e	) Purpos	se of ass	istance	
(1)		person an	d the organization											
(2)														
(3)														
(4)														
(5) For Paperwork Reducti	on Act No	tice, see the l	nstructions for	Form	n 990 or 90	0-F7				Schedule	L (For	m 900 ~	r 990-F7	7) 2017

Schedule L (Fo	orm 990 or 990-EZ) 2017 Habitat	for	Humanity	Inc	of	the	New	River	Valley	54-1367548	Page <b>2</b>
Part IV	Business Transaction	s Inv	olving Intere	ested	Per	sons					

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	<b>(e)</b> Sha organiz reven	ation's
				Yes	No
Taylor Hollow Construction	Owned by officer		Payment to contractor		
(1) LLC	or family member	7,015	for services		Х
(2)					
(3)					
(4)					
(5)					

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Т

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2017
Open to Public

Employer identification number

### Habitat for Humanity Inc of the New River Valley

54-1367548

### 01. Form 990 governing body review (Part VI, line 11)

A draft copy of the 990 is reviewed by the treasurer prior to filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

Employees and board members are required to sign an annual conflict of interest statement.

### 03. CEO, executive director, top management comp (Part VI, line 15a)

The executive committee evaluates, on an annual basis, the performance and goals of the

executive director, and reviews regional and national Habitat for Humanity salary data in

making a determination of the executive director's compensation.

### 04. Governing documents, etc, available to public (Part VI, line 19)

A copy of the organization's by-laws, conflict of interest policy, financial statements

and Form 990 are maintained at the organization's office and are made available upon

request.

990 Overflow Statement	<b>2017</b> Page 1
Name(s) as shown on return	Page_1
Habitat for Humanity Inc of the New River Valley	54-1367548
Description	Amount
Auto expense	\$3,633
Dues and subscriptions	6,330
Meals and entertainment	312
Miscellaneous	6,782
Payroll processing and misc	704
FISH	6,449
Licenses and permits	2,045
1	Total: <u>\$ 26,255</u>
Description Dues and subscriptions Meals and entertainment Miscellaneous Payroll processing Real estate taxes Licenses and permits	Amount         \$ 1,473         746         5,453         148         886         25         Fotal:       \$ 8,731
Description FISH Payroll processing	Amount           \$ 1,575           2           5           1,575           2           5           1,575