**PUBLIC DISCLOSURE COPY**

Return of Organization Exempt From Income Tax

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

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

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

A For the 2017 calendar year, or tax year beginning and ending

C Name of organization

HABITAT FOR HUMANITY IN ATLANTA, INC.

Doing business as ATLANTA HABITAT FOR HUMANITY

D Employer identification number

58-1535414

E Telephone number

404-223-5180

F Name and address of principal officer: LISA Y. GORDON

SAME AS C ABOVE

Atlanta, GA 30316

G Gross receipts

18,310,586

H(a) Is this a group return for subordinates? □ No □ Yes

H(b) Are all subordinates included? □ No □ Yes

If No,"attach a list (see instructions)

J Website: www.ATLANTAhabitat.ORG

K Form of organization: □ Corporation □ Trust □ Association □ Other □

L Year of formation: 1983 □ State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VII, line 1a)

4 Number of independent voting members of the governing body (Part VII, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 1a)

6 Total number of volunteers (estimate if necessary)

7 Total unrelated business revenue from Part VIII, column (C), line 12

8 Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1a)

9 Program service revenue (Part VIII, line 2a)

10 Investment income (Part VIII, column A, lines 3, 4, and 7d)

11 Other revenue (Part VIII, column A, lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - excess lines 8 through 11 (must equal Part VIII, column A, line 12)

13 Grants and similar amounts paid (Part IX, column A, lines 1-3)

14 Benefits paid to or for members (Part IX, column A, line 4)

15 Salaries, other compensation, employee benefits (Part IX, column A, lines 5-10)

16 Professional fundraising fees (Part IX, column A, line 11c)

17 Other expenses (Part IX, column A, lines 11a-11d, 11f-11g)

18 Total expenses. Add lines 13-17 (must equal Part IX, column A, line 25)

19 Revenue less expenses. Subtract line 18 from line 19

Part II Signature Block

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

Signature of officer

LISA Y. GORDON, PRESIDENT & CEO

Date

02/18/19

Preparer's signature

JEFF T. FUCITO

Date

02/18/19

Date

02/18/19

PTIN

P00120748

Part III Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

May the IRS discuss this return with the preparer shown above? (see instructions)

[X] Yes [ ] No

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Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission:

ATLANTA HABITAT FOR HUMANITY TRANSFORMS COMMUNITIES BY ACTING AS A CATALYST FOR NEIGHBORHOOD REVITALIZATION THROUGH EDUCATION, INNOVATIVE DEVELOPMENT, PARTNERSHIPS, AND LONG TERM RELATIONSHIPS WITH FAMILIES.

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

If “Yes,” describe these new services on Schedule O.

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

If “Yes,” describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $13,058,117, including grants of $ ) (Revenue $7,526,572.)

ATLANTA HABITAT BUILT 42 NEW & 12 REHABILITATED HOUSES AND REPAIRED 32 HOUSES FOR AND WITH WORKING FAMILIES IN THE 25% TO 60% RANGE OF AREA MEDIAN INCOME. SOLD 39 PREVIOUSLY BUILT HOME TO FAMILIES THROUGH NO-INTEREST MORTGAGE LOANS HELD BY THE ORGANIZATION.

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

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

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

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

4e Total program service expenses $13,058,117.