

Form **990**

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HABITAT FOR HUMANITY IN ATLANTA, INC.</b>		<b>D</b> Employer identification number <b>58-1535414</b>
	Doing business as <b>ATLANTA HABITAT FOR HUMANITY</b>		<b>E</b> Telephone number <b>404-223-5180</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>824 MEMORIAL DR. SE</b>	Room/suite	<b>G</b> Gross receipts \$ <b>18,310,586.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30316</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	F Name and address of principal officer: <b>LISA Y. GORDON</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.ATLANTAHABITAT.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1983** **M** State of legal domicile: **GA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) .....	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4	26
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	5	68
	6 Total number of volunteers (estimate if necessary) .....	6	13000
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34 .....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	7,741,634.	8,919,942.
	9 Program service revenue (Part VIII, line 2g) .....	6,604,459.	7,526,572.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	-421,853.	-12,218.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	-28,277.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	13,924,240.	16,406,019.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.
14 Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		4,042,266.	4,669,928.
16a Professional fundraising fees (Part IX, column (A), line 11e) .....		93,301.	120,534.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,212,221.</b>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		8,902,467.	10,966,628.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		13,038,034.	15,757,090.
19 Revenue less expenses. Subtract line 18 from line 12 .....	886,206.	648,929.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	Beginning of Current Year 71,002,356.	End of Year 73,396,041.
	21 Total liabilities (Part X, line 26) .....	17,208,444.	18,449,362.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	53,793,912.	54,946,679.

**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.

<b>Sign Here</b>	Signature of officer <b>LISA Y. GORDON, PRESIDENT &amp; CEO</b>	Date			
	Type or print name and title				
<b>Preparer Use Only</b>	Print/Type preparer's name <b>JEFF T. FUCITO</b>	Preparer's signature <b>JEFF T. FUCITO</b>	Date <b>02/18/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00120748</b>
	Firm's name ▶ <b>MAULDIN &amp; JENKINS LLC</b>	Firm's EIN ▶ <b>58-0692043</b>	Phone no. <b>770-955-8600</b>		

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 [X] No

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

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.