

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **07/01/20** , and ending **06/30/21**

56-1704668

Union-Anson County Habitat for Huma

Net Asset / Fund Balance at Beginning of Year 3,767,382

Revenue

Contributions	<u>1,075,113</u>
Program service revenue	<u>1,951,032</u>
Investment income	<u>70</u>
Capital gain / loss	<u>37,231</u>
Fundraising / Gaming:	
Gross revenue _____	
Direct expenses _____	
Net income	<u>18,148</u>
Other income	<u>18,148</u>
Total revenue	<u>3,081,594</u>

3,081,594

Expenses

Program services	<u>2,201,764</u>
Management and general	<u>480,089</u>
Fundraising	<u>454</u>
Total expenses	<u>2,682,307</u>

2,682,307

Excess / (deficit)

399,287

Changes

156,450

Net Asset / Fund Balance at End of Year

4,323,119

Reconciliation of Revenue

Total revenue per financial statements	<u>3,081,594</u>
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total revenue per return	<u>3,081,594</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,682,307</u>
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total expenses per return	<u>2,682,307</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>5,757,481</u>	<u>5,850,333</u>	
Liabilities	<u>1,990,099</u>	<u>1,527,214</u>	
Net assets	<u>3,767,382</u>	<u>4,323,119</u>	<u>555,737</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/16/22
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

Union-Anson County Habitat for Huma 56-1704668

Name and title of officer or person subject to tax **Mike Reece**

Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,081,594
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Moyer, DeVoe & Iocco, PLLC to enter my PIN 69109 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Mike Reecey Ex. Dir. Date ▶ 03/22/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56206552525

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 03/22/22

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

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)
 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.

OMB No. 1545-0047
2020
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Union-Anson County Habitat for Huma		D Employer identification number 56-1704668
	Doing business as PO Box 1688		E Telephone number 704-296-9414
	Number and street (or P.O. box if mail is not delivered to street address) PO Box 1688		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Monroe NC 28111		G Gross receipts\$ 3,373,543
F Name and address of principal officer: Mike Reece PO Box 1688 Monroe NC 28111			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.unionhabitat.org			H(c) Group exemption number 8545
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1990	M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide affordable housing for low income families.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,036,463	1,075,113
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,824,448	1,951,032
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,668	37,301
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,222	18,148
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,971,801	3,081,594
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	801,890	864,896
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 454		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,427,434	1,817,411	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,229,324	2,682,307	
19 Revenue less expenses. Subtract line 18 from line 12	742,477	399,287	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,757,481	5,850,333
	22 Net assets or fund balances. Subtract line 21 from line 20	1,990,099	1,527,214
		3,767,382	4,323,119

Part II Signature Block

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

Sign Here	Signature of officer <i>Mike Reece</i>	Date 3/22/2022		
	Type or print name and title Mike Reece Executive Director			
Paid Preparer Use Only	Print/Type preparer's name THOMAS M. MOYER, III	Preparer's signature	Date 03/22/22	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00052525
	Firm's name Moyer, DeVoe & Iocco, PLLC		Firm's EIN 87-3925494	
	Firm's address 2213 Commerce Drive, Suite A Monroe, NC 28110		Phone no. 704-283-7748	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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:

To provide affordable housing for low income families.

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

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

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

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

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

4a (Code:) (Expenses \$ **2,201,764** including grants of \$) (Revenue \$ **974,014**)

To build, renovate, or preserve homes at affordable prices for low income families. Single family dwellings are built by volunteers and sold to selected families at a minimum price.

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

N/A

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

N/A

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

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

4e Total program service expenses **2,201,764**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	12
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 38		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16	X

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	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?		X
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			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on 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 ▶

Mike Reece **PO Box 1688** **NC 28110** **704-296-9414**
Monroe

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mike Reece	40.00									
Executive Director	0.00			X			93,467	0	0	
(2) Christian Beltz	0.00									
Director	0.00	X					0	0	0	
(3) Greg Brinkley	0.00									
President	0.00	X		X			0	0	0	
(4) Wesley Faulk	0.00									
Secretary	0.00	X		X			0	0	0	
(5) Joshua D. Francis	0.00									
Vice President	0.00	X		X			0	0	0	
(6) Cynthia King	0.00									
Director	0.00	X					0	0	0	
(7) Edward Bower, MD	0.00									
Director	0.00	X					0	0	0	
(8) Nolan McBride	0.00									
Director	0.00	X					0	0	0	
(9) Kenda McCoy	0.00									
Director	0.00	X					0	0	0	
(10) Sidney Sandy	0.00									
Director	0.00	X					0	0	0	
(11) Sam Turner	0.00									
Treasurer	0.00	X		X			0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Joe Weaver	0.00									
Director	0.00	X						0	0	
(13) L. Russell Wing	0.00									
Director	0.00	X						0	0	
(14) Jarvis Woodburn	0.00									
Director	0.00	X						0	0	
1b Subtotal								93,467		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								93,467		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	66,564			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,008,549			
	g Noncash contributions included in lines 1a-1f	1g	\$ 343,797			
	h Total. Add lines 1a-1f		1,075,113			
Program Service Revenue	2a Store Income	Business Code	1,366,945	1,366,945		
	b Transfers to Homeowners		606,000	606,000		
	c Second Mortgage Income		12,000	12,000		
	d 106 Prosperity		6,005		6,005	
	e Late Payment Fees		2,109	2,109		
	f All other program service revenue		-42,027	-42,027		
	g Total. Add lines 2a-2f		1,951,032			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		70		70	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a		329,180		
	b Less: cost or other basis and sales exps.	7b		291,949		
	c Gain or (loss)	7c		37,231		
d Net gain or (loss)		37,231	34,951	2,280		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a Recycling	Business Code	10,153	10,153		
	b Miscellaneous Income		6,646	6,646		
	c Rebates/Rewards Income		1,289	1,289		
	d All other revenue		60	60		
	e Total. Add lines 11a-11d		18,148			
12 Total revenue. See instructions		3,081,594	1,998,126	0	8,355	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	801,464	601,098	200,366	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	63,432	47,574	15,858	
11 Fees for services (nonemployees):				
a Management				
b Legal	7,469		7,469	
c Accounting	16,975		16,975	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,429		13,429	
12 Advertising and promotion	9,311		9,311	
13 Office expenses	13,919	697	13,222	
14 Information technology				
15 Royalties				
16 Occupancy	93,600	70,200	23,400	
17 Travel	43,258	32,443	10,815	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	357		357	
20 Interest	3,555		3,555	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,216	66,913	22,303	
23 Insurance	115,216	86,412	28,804	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Cost of Homes	566,747	566,747		
b Cost of Goods Sold - Stor	411,962	411,962		
c URP	176,974	176,974		
d Utilities	62,469	46,852	15,617	
e All other expenses	192,954	93,892	98,608	454
25 Total functional expenses. Add lines 1 through 24e	2,682,307	2,201,764	480,089	454
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	83,537	1	252,565	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	80,826	4	20,000	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net	266,486	7	274,280	
	8	Inventories for sale or use	933,317	8	1,011,504	
	9	Prepaid expenses and deferred charges	28,380	9	20,303	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,858,199		
	b	Less: accumulated depreciation	10b	709,125	10c	2,149,074
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12	165,244	
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	2,071,365	15	1,957,363	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,757,481	16	5,850,333		
Liabilities	17	Accounts payable and accrued expenses	60,570	17	93,187	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	1,535,439	23	1,106,555	
	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	394,090	25	327,472	
	26	Total liabilities. Add lines 17 through 25	1,990,099	26	1,527,214	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	3,564,170	27	4,030,174	
	28	Net assets with donor restrictions	203,212	28	292,945	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	3,767,382	32	4,323,119	
33	Total liabilities and net assets/fund balances	5,757,481	33	5,850,333		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,081,594
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,682,307
3	Revenue less expenses. Subtract line 2 from line 1	3	399,287
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,767,382
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 on Schedule O)	9	156,450
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,323,119

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain on 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?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
2012 Dodge Ram 1500	2/15/18	100.00	\$ 13,539	\$ 13,539	5.0	S/L-HY	\$ 2,707	\$
2012 Dodge Ram 1500	(Donated Portion) 2/15/18	100.00	3,130	3,130	5.0	S/L-HY	313	
2007 Titan Truck - Nissan	11/04/19	100.00	9,970	9,970	5.0	S/L-HY	1,994	
2008 Ford F150	11/25/19	100.00	13,394	13,394	5.0	S/L-HY	2,679	
2012 Chevy Pickup	8/31/20	100.00	13,038	13,038	5.0	S/L-HY	1,304	
Total			<u>\$ 53,071</u>	<u>\$ 53,071</u>			<u>\$ 8,997</u>	<u>\$ 0</u>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Union-Anson County Habitat for Huma

Employer identification number

56-1704668

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	445,834	925,075	616,419	1,036,463	1,075,113	4,098,904
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	756,000	1,013,835	2,031,555	1,835,030	1,963,175	7,599,595
3 Gross receipts from activities that are not an unrelated trade or business under section 513	913,277	915,721	9,300			1,838,298
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	2,115,111	2,854,631	2,657,274	2,871,493	3,038,288	13,536,797
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						13,536,797

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	2,115,111	2,854,631	2,657,274	2,871,493	3,038,288	13,536,797
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			15,095	9,640	6,075	30,810
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			15,095	9,640	6,075	30,810
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,115,111	2,854,631	2,672,369	2,881,133	3,044,363	13,567,607
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.77 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
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 of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, 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.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.	3a	
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	

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Schedule of Contributors

OMB No. 1545-0047

2020

▶ 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 Union-Anson County Habitat for Huma	Employer identification number 56-1704668
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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 33¹/₃% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization **Union-Anson County Habitat for Huma** Employer identification number **56-1704668**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way of Central Carolina 301 S Brevard Street Charlotte NC 28202	\$ 42,028	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Braswell Trust 300 East Wade Street Wadesboro NC 28170	\$ 124,026	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	NCHF PO Box 28066 Raleigh NC 27611	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Dan Rush 9215 Clerkenwell Drive Waxhaw NC 28173	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Publix Supermarket 5132 Old Charlotte Highway Monroe NC 28110	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	City of Monroe 300 W Crowell Street Monroe NC 28112	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization **Union-Anson County Habitat for Huma** Employer identification number **56-1704668**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Leon Levine Foundation 6000 Fairview Rd Suite 1525 Charlotte NC 28210	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	National Philanthropic Trust Fund 165 Township Line Road, Suite 1200 Jenkintown PA 19046	\$ 346,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Lowe's	\$ 65,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	Quisell Lighting	\$ 40,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	Town of Cheraw	\$ 76,600	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Union-Anson County Habitat for Huma	Employer identification number 56-1704668
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	<u>Stock</u>	\$ 124,026	11/04/20
9	<u>Lowe's Donation</u>	\$ 65,000
10	<u>Quisell Lighting - Light Fixture</u>	\$ 40,000
11	<u>Free use of Facility</u>	\$ 76,600
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

Union-Anson County Habitat for Huma

56-1704668

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and their reporting.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year (2a-2d). Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,106		22,106
b Buildings		2,590,614	574,050	2,016,564
c Leasehold improvements				
d Equipment		245,479	135,075	110,404
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,149,074

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Mortgages Receivable	1,733,926
(2) Lots Held for Sale	128,355
(3) NR Janna Wellman	48,055
(4) N/R Renee Williams	19,331
(5) Due from Michigan Fund	18,149
(6) Sales Tax Receivable	7,497
(7) Employee Advances	2,050
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,957,363

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred Revenue - In Kind Rent from	277,674
(3) Accrued Litigation Settlement	30,000
(4) Accrued Vacation Payable	13,603
(5) Payroll Liabilities	9,586
(6) House Deposits	7,056
(7) Escrow Accounts	-10,447
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	327,472

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Union-Anson County Habitat for Huma

Employer identification number
56-1704668

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	124,026	
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	3	181,600	
26 Other ▶ ()	X	1	38,171	
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

	Yes	No
30a		X
31		X
32a		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Union-Anson County Habitat for Huma

Employer identification number

56-1704668

Form 990, Part VI - Additional Information

990 presented to BOD prior to filing

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

BOD review prior to filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Available upon request.

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

PPP Loan Forgiveness	\$ 157,900
Bad Debt	\$ -1,450
Total	\$ 156,450

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return

Union-Anson County Habitat for Huma

Identifying number
56-1704668

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	3,323
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	76,896

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	8,997
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	89,216
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

Union-Anson County Habitat for Huma 56-1704668

Form 4562 (2020)

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

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

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

24a Do you have evidence to support the business/investment use claimed?								<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost						
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions											25			
26 Property used more than 50% in a qualified business use:														
See Statement 1														
		%	53,071	53,071			8,997							
		%												
27 Property used 50% or less in a qualified business use:														
		%				S/L-								
		%				S/L-								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	8,997					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29						

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		X

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	1 Office Equipment	1/01/94	1,393			1,393	7 HY S/L	1,393	0
	Mass Sale: 7/01/20								
2	1 Office Equipment	3/01/96	1,307			1,307	7 HY S/L	1,307	0
	Mass Sale: 7/01/20								
3	1 Computer	1/13/98	2,773			2,773	5 HY S/L	2,773	0
	Mass Sale: 7/01/20								
4	1 Office Equipmetn	1/01/95	951			951	7 HY S/L	951	0
	Mass Sale: 7/01/20								
5	Fire Proof File cabinet	1/11/99	371			371	7 HY S/L	371	0
	Mass Sale: 7/01/20								
6	Phone Tree	6/21/00	855			855	5 HY S/L	855	0
	Mass Sale: 7/01/20								
7	Accupointe Software	7/26/01	741			741	3 HY S/L	741	0
	Mass Sale: 7/01/20								
8	AC Unit for General Store	6/20/03	1,850			1,850	7 HY S/L	1,850	0
	Mass Sale: 7/01/20								
11	Trailer	1/12/02	3,000			3,000	5 HY S/L	3,000	0
	Sold/Scrapped: 6/01/21								
12	Computer Equipment	12/13/02	2,700			2,700	5 HY S/L	2,700	0
	Mass Sale: 7/01/20								
13	Copy Equipoment	3/14/03	900			900	5 HY S/L	900	0
	Mass Sale: 7/01/20								
14	Telephone System	12/31/03	1,275			1,275	5 HY S/L	1,275	0
	Mass Sale: 7/01/20								
15	Forklift	11/10/04	3,800			3,800	7 HY S/L	3,800	0
	Mass Sale: 7/01/20								
18	Building 3 - Hwy 74	9/29/05	664,923			664,923	39 HY S/L	254,788	17,049
19	Trailer	8/25/05	250			250	5 HY S/L	250	0
	Mass Sale: 7/01/20								
20	2007 Building Improvement	6/30/07	138,701			138,701	39 HY S/L	46,231	3,556
22	Furniture-Family Dollar	7/19/06	11,600			11,600	7 HY S/L	11,600	0
	Mass Sale: 7/01/20								
23	53' Trailer	5/16/07	3,000			3,000	5 HY S/L	3,000	0
25	Sinage - Brands Building	12/10/07	13,424			13,424	15 HY S/L	11,187	895
27	2009 Restore roof expansion	12/31/08	113,482			113,482	39 HY S/L	33,464	2,910
30	Building - Old Charlotte	3/31/10	488,379			488,379	39 HY S/L	128,358	12,523
31	2010 Restore Roof Expansion	12/31/09	10,309			10,309	39 HY S/L	2,774	264
32	(1) Dell Laptop PC	10/09/09	754			754	5 HY S/L	754	0
33	(1) Dell Laptop PC	10/09/09	754			754	5 HY S/L	754	0
34	Baler	10/01/09	11,500			11,500	7 HY S/L	11,500	0
37	Fence - Restore	2/10/11	2,673			2,673	15 HY S/L	1,677	178
38	Sinage - Restore	3/30/11	9,300			9,300	15 HY S/L	5,735	620
39	2 Dell Laptops	10/08/10	1,336			1,336	5 HY S/L	1,336	0
40	Forklifts	1/26/11	3,800			3,800	7 HY S/L	3,800	0
41	Improvement - Village Park	2/17/12	60,763			60,763	39 HY S/L	12,983	779
	Sold/Scrapped: 7/01/20								
42	Riding Lawnmower	5/11/12	900			900	7 HY S/L	900	0
43	Forklift	6/28/12	1,600			1,600	7 HY S/L	1,600	0
45	2 recycling Bins	2/14/12	5,000			5,000	7 HY S/L	5,000	0
	Mass Sale: 7/01/20								
46	Donated Lawnmower	5/17/12	800			800	5 HY S/L	800	0
50	2010 Penske Truck #000119	8/01/13	24,500			24,500	5 HY S/L	24,500	0
54	New Front Doors	10/14/13	2,901			2,901	15 HY S/L	1,305	194
55	ReStore Lighting Project	12/26/13	5,294			5,294	15 HY S/L	2,294	353
56	New Side Doors	1/31/14	3,000			3,000	15 HY S/L	1,283	200
58	Retail Adv Display	6/30/14	900			900	7 HY S/L	771	129
59	Small tools - Anson	6/30/14	1,019			1,019	5 HY S/L	1,019	0
60	Forklift	6/22/15	6,840			6,840	7 HY S/L	5,374	977
64	Forklift from CBS Forklift	9/24/15	5,000			5,000	7 HY S/L	3,214	715
65	2004 Ford Extended Cab	7/27/15	8,000			8,000	5 HY S/L	7,200	800
66	2012 Ford Penske Truck	12/14/15	18,049			18,049	5 HY S/L	16,244	1,805
67	Anson County Restore Improvements	6/30/16	70,368			70,368	39 HY S/L	8,119	1,805
68	Restore Frontage Land Donation	2/25/16	275			275	0 -- Land	0	0
	Sold/Scrapped: 7/01/20								
69	Hwy 74 Restore Lot Paving	11/07/16	34,350			34,350	15 HY S/L	8,015	2,290
70	HVAC Coil Replacement-74 Restore	8/04/16	8,920			8,920	15 HY S/L	2,081	595
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850			5,850	10 HY S/L	1,463	585
78	514 Hasty St. Lot 1 - Land	3/16/17	13,615			13,615	0 -- Land	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
79	514 Hasty St. Lot 1 - House Mass Sale: 11/04/20	3/16/17	71,146			71,146	40 HY S/L	6,225	890
80	106 Prosperity Ln - Land Mass Sale: 11/04/20	12/01/14	8,868			8,868	0 -- Land	0	0
81	106 Prosperity Ln - House	12/01/14	61,572			61,572	40 HY S/L	8,466	1,539
85	2014 International Rec'd for #44	1/31/19	35,827			35,827	5 HY S/L	10,748	7,166
88	Dell Computer	5/05/02	896			896	10 HY S/L	90	89
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810			34,810	10 HY S/L	1,741	3,481
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000			10,000	10 HY S/L	0	500
91	Forklift for BiLo Bldg	2/28/20	4,000			4,000	10 HY S/L	200	400
92	AC - BiLo Bldg	2/13/21	16,175			16,175	40 HY S/L	0	202
93	Steel Doors BiLo Bldg	2/13/21	1,404			1,404	10 HY S/L	0	70
94	Roof - BiLo Bldg	2/13/21	138,170			138,170	40 HY S/L	0	1,727
95	Lighting - BiLo Bldg	2/13/21	30,757			30,757	40 HY S/L	0	384
96	Fence with Gate	2/13/21	11,000			11,000	20 HY S/L	0	275
98	Drywall - BiLo Bldg	2/13/21	7,202			7,202	15 HY S/L	0	240
99	Bi-Lo Building Improvements	2/13/21	21,094			21,094	40 HY S/L	0	264
100	516 N. Secrest Sold/Scrapped: 7/16/20	12/18/19	163,000			163,000	0 -- Memo	0	0
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield H	2/13/21	708,000			708,000	40 HY S/L	0	8,850
102	Electrical Renovations - SC Restore	2/13/21	11,941			11,941	40 HY S/L	0	149
103	Laptop - Wadesboro Restore	8/17/20	1,652			1,652	10 HY S/L	0	83
104	QuickBooks POS for Restores	11/30/20	5,080			5,080	10 HY S/L	0	254
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323		X	0	3 MO Amort	0	3,323
106	Vosotro Notebook 540c	2/05/21	910			910	10 HY S/L	0	46
107	Intel NUC 10i5FNH Mini PC & Monitor - Ira	2/23/21	1,569			1,569	10 HY S/L	0	78
108	Dell Laptop	4/08/21	1,929			1,929	10 HY S/L	0	96
109	Ice Maker	7/24/20	2,000			2,000	10 HY S/L	0	100
110	Yale Forklift	9/16/20	3,500			3,500	10 HY S/L	0	175
111	Construction Trailer	5/10/21	2,075			2,075	5 HY S/L	0	207
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365			7,365	10 HY S/L	0	368
114	Alarms - SC Restore	10/08/20	3,275			3,275	40 HY S/L	0	41
	Total Other Depreciation		3,142,585			3,139,262		670,759	80,219
	Total ACRS and Other Depreciation		3,142,585			3,139,262		670,759	80,219
Listed Property:									
73	2012 Dodge Ram 1500	2/15/18	13,539			13,539	5 HY S/L	6,770	2,707
74	2012 Dodge Ram 1500 (Donated Portion) Mass Sale: 7/01/20	2/15/18	3,130			3,130	5 HY S/L	1,565	313
112	2012 Chevy Pickup	8/31/20	13,038			13,038	5 HY S/L	0	1,304
86	2007 Titan Truck - Nissan	11/04/19	9,970			9,970	5 HY S/L	997	1,994
87	2008 Ford F150	11/25/19	13,394			13,394	5 HY S/L	1,339	2,679
			53,071			53,071		10,671	8,997
	Grand Totals		3,195,656			3,192,333		681,430	89,216
	Less: Dispositions and Transfers		350,695			350,695		59,539	1,982
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		2,844,961			2,841,638		621,891	87,234

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Non-Residential Real Property:									
114	Alarms - SC Restore	10/08/20	3,275			3,275	39 MM S/L	0	59
			<u>3,275</u>			<u>3,275</u>		<u>0</u>	<u>59</u>
Prior MACRS:									
11	Trailer	1/12/02	3,000		X	2,100	5 HY 200DB	3,000	0
	Sold/Scrapped: 6/01/21								
19	Trailer	8/25/05	250			250	5 HY 150DB	250	0
	Mass Sale: 7/01/20								
23	53' Trailer	5/16/07	3,000			3,000	5 HY 150DB	3,000	0
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850		X	0	5 MQ200DB	5,850	0
			<u>12,100</u>			<u>5,350</u>		<u>12,100</u>	<u>0</u>
Other Depreciation:									
1	1 Office Equipment	1/01/94	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
2	1 Office Equipment	3/01/96	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
3	1 Computer	1/13/98	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
4	1 Office Equipmetn	1/01/95	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
5	Fire Proof File cabinet	1/11/99	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
6	Phone Tree	6/21/00	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
7	Accupointe Software	7/26/01	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
8	AC Unit for General Store	6/20/03	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
12	Computer Equipment	12/13/02	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
13	Copy Equipoment	3/14/03	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
14	Telephone System	12/31/03	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
15	Forklift	11/10/04	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
18	Building 3 - Hwy 74	9/29/05	0			0	0 HY	0	0
20	2007 Building Improvement	6/30/07	0			0	0 HY	0	0
22	Furniture-Family Dollar	7/19/06	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
25	Sinage - Brands Building	12/10/07	0			0	0 HY	0	0
27	2009 Restore roof expansion	12/31/08	0			0	0 HY	0	0
30	Building - Old Charlotte	3/31/10	0			0	0 HY	0	0
31	2010 Restore Roof Expansion	12/31/09	0			0	0 HY	0	0
32	(1) Dell Laptop PC	10/09/09	0			0	0 HY	0	0
33	(1) Dell Laptop PC	10/09/09	0			0	0 HY	0	0
34	Baler	10/01/09	0			0	0 HY	0	0
37	Fence - Restore	2/10/11	0			0	0 HY	0	0
38	Sinage - Restore	3/30/11	0			0	0 HY	0	0
39	2 Dell Laptops	10/08/10	0			0	0 HY	0	0
40	Forklifts	1/26/11	0			0	0 HY	0	0
41	Improvement - Village Park	2/17/12	0			0	0 HY	0	0
	Sold/Scrapped: 7/01/20								
42	Riding Lawnmower	5/11/12	0			0	0 HY	0	0
43	Forklift	6/28/12	0			0	0 HY	0	0
45	2 recycling Bins	2/14/12	0			0	0 HY	0	0
	Mass Sale: 7/01/20								
46	Donated Lawnmower	5/17/12	0			0	0 HY	0	0
50	2010 Penske Truck #000119	8/01/13	0			0	0 HY	0	0
54	New Front Doors	10/14/13	0			0	0 HY	0	0
55	ReStore Lighting Project	12/26/13	0			0	0 HY	0	0
56	New Side Doors	1/31/14	0			0	0 HY	0	0
58	Retail Adv Display	6/30/14	0			0	0 HY	0	0
59	Small tools - Anson	6/30/14	0			0	0 HY	0	0

56-1704668

AMT Asset Report

FYE: 6/30/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current	
60	Forklift	6/22/15	0			0	0 HY	0	0	
64	Forklift from CBS Forklift	9/24/15	0			0	0 HY	0	0	
65	2004 Ford Extended Cab	7/27/15	0			0	0 HY	0	0	
66	2012 Ford Penske Truck	12/14/15	0			0	0 HY	0	0	
67	Anson County Restore Improvements	6/30/16	0			0	0 HY	0	0	
68	Restore Frontage Land Donation	2/25/16	0			0	0 HY	0	0	
	Sold/Scrapped: 7/01/20									
69	Hwy 74 Restore Lot Paving	11/07/16	0			0	0 HY	0	0	
70	HVAC Coil Replacement-74 Restore	8/04/16	0			0	0 HY	0	0	
78	514 Hasty St. Lot 1 - Land	3/16/17	13,615			13,615	0 -- Land	0	0	
	Mass Sale: 11/04/20									
79	514 Hasty St. Lot 1 - House	3/16/17	0			0	0 HY	0	0	
	Mass Sale: 11/04/20									
80	106 Prosperity Ln - Land	12/01/14	8,868			8,868	0 -- Land	0	0	
81	106 Prosperity Ln - House	12/01/14	0			0	0 HY	0	0	
85	2014 International Rec'd for #44	1/31/19	0			0	0 HY	0	0	
88	Dell Computer	5/05/02	0			0	0 HY	0	0	
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	0			0	0 HY	0	0	
90	Glass Front Doors - SC BiLo Bldg	2/13/21	0			0	0 HY	0	0	
91	Forklift for BiLo Bldg	2/28/20	0			0	0 HY	0	0	
92	AC - BiLo Bldg	2/13/21	0			0	0 HY	0	0	
93	Steel Doors BiLo Bldg	2/13/21	0			0	0 HY	0	0	
94	Roof - BiLo Bldg	2/13/21	0			0	0 HY	0	0	
95	Lighting - BiLo Bldg	2/13/21	0			0	0 HY	0	0	
96	Fence with Gate	2/13/21	0			0	0 HY	0	0	
98	Drywall - BiLo Bldg	2/13/21	0			0	0 HY	0	0	
99	Bi-Lo Building Improvements	2/13/21	0			0	0 HY	0	0	
100	516 N. Secrest	12/18/19	0			0	0 HY	0	0	
	Sold/Scrapped: 7/16/20									
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield H	2/13/21	0			0	0 HY	0	0	
102	Electrical Rennovations - SC Restore	2/13/21	0			0	0 HY	0	0	
103	Laptop - Wadesboro Restore	8/17/20	0			0	0 HY	0	0	
104	QuickBooks POS for Restores	11/30/20	0			0	0 HY	0	0	
106	Vosotro Notebook 540c	2/05/21	0			0	0 HY	0	0	
107	Intel NUC 10i5FNH Mini PC & Monitor - Ira	2/23/21	0			0	0 HY	0	0	
108	Dell Laptop	4/08/21	0			0	0 HY	0	0	
109	Ice Maker	7/24/20	0			0	0 HY	0	0	
110	Yale Forklift	9/16/20	0			0	0 HY	0	0	
111	Construction Trailer	5/10/21	0			0	0 HY	0	0	
113	John Deere Lawnmower Z915E ZTrack	4/27/21	0			0	0 HY	0	0	
	Total Other Depreciation		<u>22,483</u>			<u>22,483</u>		<u>0</u>	<u>0</u>	
	Total ACRS and Other Depreciation		<u>22,483</u>			<u>22,483</u>		<u>0</u>	<u>0</u>	
Listed Property:										
73	2012 Dodge Ram 1500	2/15/18	13,539		X	0	5 MQ200DB	13,539	0	
74	2012 Dodge Ram 1500 (Donated Portion)	2/15/18	3,130		X	0	5 MQ200DB	3,130	0	
	Mass Sale: 7/01/20									
112	2012 Chevy Pickup	8/31/20	0			0	0 HY	0	0	
86	2007 Titan Truck - Nissan	11/04/19	0			0	0 HY	0	0	
87	2008 Ford F150	11/25/19	0			0	0 HY	0	0	
			<u>16,669</u>			<u>0</u>		<u>16,669</u>	<u>0</u>	
	Grand Totals		<u>54,527</u>			<u>31,108</u>		<u>28,769</u>	<u>59</u>	
	Less: Dispositions and Transfers		<u>19,995</u>			<u>15,965</u>		<u>6,380</u>	<u>0</u>	
	Net Grand Totals		<u>34,532</u>			<u>15,143</u>		<u>22,389</u>	<u>59</u>	

Bonus Depreciation Report**Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323		0	3,323	0	0
Grand Total			<u>3,323</u>		<u>0</u>	<u>3,323</u>	<u>0</u>	<u>0</u>

6910 Union-Anson County Habitat for Huma

03/22/2022 1:40 PM

56-1704668

Depreciation Adjustment Report

FYE: 6/30/2021

All Business Activities

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

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
18	Building 3 - Hwy 74	9/29/05	664,923	17,050	0
20	2007 Building Improvement	6/30/07	138,701	3,557	0
23	53' Trailer	5/16/07	3,000	0	0
25	Sinage - Brands Building	12/10/07	13,424	894	0
27	2009 Restore roof expansion	12/31/08	113,482	2,909	0
30	Building - Old Charlotte	3/31/10	488,379	12,522	0
31	2010 Restore Roof Expansion	12/31/09	10,309	265	0
32	(1) Dell Laptop PC	10/09/09	754	0	0
33	(1) Dell Laptop PC	10/09/09	754	0	0
34	Baler	10/01/09	11,500	0	0
37	Fence - Restore	2/10/11	2,673	179	0
38	Sinage - Restore	3/30/11	9,300	620	0
39	2 Dell Laptops	10/08/10	1,336	0	0
40	Forklifts	1/26/11	3,800	0	0
42	Riding Lawnmower	5/11/12	900	0	0
43	Forklift	6/28/12	1,600	0	0
46	Donated Lawnmower	5/17/12	800	0	0
50	2010 Penske Truck #000119	8/01/13	24,500	0	0
54	New Front Doors	10/14/13	2,901	193	0
55	ReStore Lighting Project	12/26/13	5,294	352	0
56	New Side Doors	1/31/14	3,000	200	0
58	Retail Adv Display	6/30/14	900	0	0
59	Small tools - Anson	6/30/14	1,019	0	0
60	Forklift	6/22/15	6,840	489	0
64	Forklift from CBS Forklift	9/24/15	5,000	714	0
65	2004 Ford Extended Cab	7/27/15	8,000	0	0
66	2012 Ford Penske Truck	12/14/15	18,049	0	0
67	Anson County Restore Improvements	6/30/16	70,368	1,804	0
69	Hwy 74 Restore Lot Paving	11/07/16	34,350	2,290	0
70	HVAC Coil Replacement-74 Restore	8/04/16	8,920	595	0
77	New A/C 3702 Old Cit. Hwy.	1/09/18	5,850	585	0
80	106 Prosperity Ln - Land	12/01/14	8,868	0	0
81	106 Prosperity Ln - House	12/01/14	61,572	1,540	0
85	2014 International Rec'd for #44	1/31/19	35,827	7,165	0
88	Dell Computer	5/05/02	896	90	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810	3,481	0
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000	1,000	0
91	Forklift for BiLo Bldg	2/28/20	4,000	400	0
92	AC - BiLo Bldg	2/13/21	16,175	405	0
93	Steel Doors BiLo Bldg	2/13/21	1,404	141	0
94	Roof - BiLo Bldg	2/13/21	138,170	3,454	0
95	Lighting - BiLo Bldg	2/13/21	30,757	769	0
96	Fence with Gate	2/13/21	11,000	550	0
98	Drywall - BiLo Bldg	2/13/21	7,202	480	0
99	Bi-Lo Building Improvements	2/13/21	21,094	527	0
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield Hwy	2/13/21	708,000	17,700	0
102	Electrical Rennovations - SC Restore	2/13/21	11,941	299	0
103	Laptop - Wadesboro Restore	8/17/20	1,652	165	0
104	QuickBooks POS for Restores	11/30/20	5,080	508	0
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323	0	0
106	Vosotro Notebook 540c	2/05/21	910	91	0
107	Intel NUC 10i5FNH Mini PC & Monitor - Irais	2/23/21	1,569	157	0
108	Dell Laptop	4/08/21	1,929	193	0
109	Ice Maker	7/24/20	2,000	200	0
110	Yale Forklift	9/16/20	3,500	350	0
111	Construction Trailer	5/10/21	2,075	415	0
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365	737	0
114	Alarms - SC Restore	10/08/20	3,275	82	84
	Total Other Depreciation		2,795,020	86,117	84
	Total ACRS and Other Depreciation		2,795,020	86,117	84

Listed Property:

Future Depreciation Report **FYE: 6/30/22****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
73	2012 Dodge Ram 1500	2/15/18	13,539	2,708	0
112	2012 Chevy Pickup	8/31/20	13,038	2,607	0
86	2007 Titan Truck - Nissan	11/04/19	9,970	1,994	0
87	2008 Ford F150	11/25/19	13,394	2,679	0
			<u>49,941</u>	<u>9,988</u>	<u>0</u>
	Grand Totals		<u>2,844,961</u>	<u>96,105</u>	<u>84</u>

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21		

Name

Taxpayer Identification Number

Union-Anson County Habitat for Huma**56-1704668**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1,017,981	1,008,549	-9,432
	2. Membership dues and assessments			
	3. Government contributions and grants	18,482	66,564	48,082
	4. Program service revenue	1,824,448	1,951,032	126,584
	5. Investment income		70	70
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	90,668	37,231	-53,437
	8. Net income or (loss) from fundraising events	8,067		-8,067
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	12,155	18,148	5,993
	12. Total revenue. Add lines 1 through 11	2,971,801	3,081,594	109,793
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	801,890	864,896	63,006
	17. Professional fundraising fees			
	18. Other professional fees	28,892	37,873	8,981
	19. Occupancy, rent, utilities, and maintenance	52,567	93,600	41,033
	20. Depreciation and Depletion	81,621	89,216	7,595
	21. Other expenses	1,264,354	1,596,722	332,368
	22. Total expenses. Add lines 13 through 21	2,229,324	2,682,307	452,983
	23. Excess or (Deficit). Subtract line 22 from line 12	742,477	399,287	-343,190
Other Information	24. Total exempt revenue	2,971,801	3,081,594	109,793
	25. Total unrelated revenue			
	26. Total excludable revenue	1,927,271	2,006,481	79,210
	27. Total assets	5,757,481	5,850,333	92,852
	28. Total liabilities	1,990,099	1,527,214	-462,885
	29. Retained earnings	3,767,382	4,323,119	555,737
	30. Number of voting members of governing body	12	13	
	31. Number of independent voting members of governing body	12	13	
	32. Number of employees	28	38	
	33. Number of volunteers			

Form **990**

Tax Return History

2020

Name: **Union-Anson County Habitat for Huma** Employer Identification Number: **56-1704668**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	445,834	925,075	616,419	1,036,463	1,075,113	
Membership dues						
Program service revenue	756,000	1,003,000	2,010,762	1,824,448	1,951,032	
Capital gain or loss		-1,020	14,608	90,668	37,231	
Investment income			164		70	
Fundraising revenue (income/loss)			19,481	8,067		
Gaming revenue (income/loss)						
Other revenue	913,277	926,556	25,543	12,155	18,148	
Total revenue	2,115,111	2,853,611	2,686,977	2,971,801	3,081,594	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	698,751	730,329	779,103	801,890	864,896	
Other compensation	39,314	27,126	19,058	28,892	37,873	
Professional fees						
Occupancy costs	77,344	88,445	19,800	52,567	93,600	
Depreciation and depletion			89,014	81,621	89,216	
Other expenses	1,396,260	1,605,370	2,193,692	1,264,354	1,596,722	
Total expenses	2,211,669	2,451,270	3,100,667	2,229,324	2,682,307	
Excess or (Deficit)	-96,558	402,341	-413,690	742,477	399,287	
Total exempt revenue	2,115,111	2,853,611	2,686,977	2,971,801	3,081,594	
Total unrelated revenue						
Total excludable revenue	1,669,277	1,928,536	2,051,077	1,927,271	2,006,481	
Total Assets	4,781,403	5,619,204	4,931,010	5,757,481	5,850,333	
Total Liabilities	1,573,118	1,863,096	1,906,105	1,990,099	1,527,214	
Net Fund Balances	3,208,285	3,756,108	3,024,905	3,767,382	4,323,119	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 70		41			
Total	<u>\$ 70</u>					

Federal Statements

Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional Fees Drug Screen	\$ 425		425	
Contract Services	10,281		10,281	
Professional Fees - Other	2,041		2,041	
Volunteer Services	682		682	
Total	\$ 13,429	\$ 0	\$ 13,429	\$ 0

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank Charges	\$ 30,833		\$ 30,833	
Repairs	30,376	30,376		
Litigation Settlement	30,000		30,000	
Donations	28,645	28,645		
Store Expense	22,069	16,552	5,517	
Telephone	17,190	12,892	4,298	
Michigan Fund Fees	11,934		11,934	
Miscellaneous Expense	10,796		10,796	
Grant/Donation Homeowner	10,325	10,325		
Casual Labor	9,986	9,986		
Property Taxes - Unused L	9,743	9,743		
Dues & Subscriptions	3,751		3,751	
Repairs	3,227	3,227		
Tools	2,785	2,785		
Meals & Entertainment	1,770	1,327	443	
Security System	1,289	967	322	
Transportation Services	1,250	1,250		
R&M - Home Program	865	865		
Golf Tournament Expenses	454			454
Licenses & Permits	402		402	
Awards and Trophies	237		237	
Warranty Expense	226	226		
Dedication Fees	114	114		
Application Expense	75		75	
Amortization	-35,388	-35,388		
Total	\$ 192,954	\$ 93,892	\$ 98,608	\$ 454

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
City of Monroe Projects	6,564
Non-Government Grants	7,299
Contributions	33,740
Gifts In-Kind	38,171
Deconstruction Donations	1,200
Fundraising	2,820
Car donor Program	165
United Way of Central Carolina	42,028
Cash Contribution	124,026
Braswell Trust	200,000
Stock	15,000
NCHF	6,000
Cash Contribution	60,000
Dan Rush	10,000
Cash Contribution	346,500
Publix Supermarket	65,000
Cash Contribution	40,000
City of Monroe	76,600
Cash Contribution	1,075,113
CertainTeed Corporation	
Shingles	
Leon Levine Foundation	
Cash Contribution	
National Philanthropic Trust Fund	
Cash Contribution	
Lowes	
Lowes Donation	
Quisell Lighting	
Quisell Lighting - Light Fixture	
Town of Cheraw	
Free use of Facility	
Total	\$ 1,075,113

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
Application Fee Income	\$ 150
Transfers to Homeowners	606,000
Late Payment Fees	2,109
Store Income	1,366,945
Second Mortgage Income	12,000
Lot Sales	-42,177
Recycling	10,153
Miscellaneous Income	6,646
Rebates/Rewards Income	1,289
HOA Income - Gulf Bay Estates	60
Golf Tourney	
Total	<u>\$ 1,963,175</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
Interest Income	\$ 70
106 Prosperity	6,005
514 Hasty	
516 N. Secrest	
Total	<u>\$ 6,075</u>