

Forms 990 / 990-EZ Return Summary

56-1704668

UNION-ANSON COUNTY HABITAT FOR HUMA

Net Asset / Fund Balance at Beginning of Year 5,219,310

Revenue

Contributions	<u>593,257</u>		
Program service revenue	<u>1,469,804</u>		
Investment income	<u>19,080</u>		
Capital gain / loss	<u>148,090</u>		
Fundraising / Gaming:			
Gross revenue _____			
Direct expenses _____			
Net income			
Other income	<u>497,479</u>		
			<u>2,727,710</u>
Program	1		
Management	<u>2</u>		
Fundraising	<u>2</u>		
Total	<u>4</u>	<u>2</u>	
Changes		<u>1</u>	

Total revenue Expenses

Net Asset / Fund Balance at End of Year 5,622,050

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>2,727,710</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>2,463,459</u></u>

	Balance Sheet		
	Beginning	Ending	Differences
Assets	<u>8,598,502</u>	<u>8,995,933</u>	
Liabilities	<u>3,379,192</u>	<u>3,373,883</u>	
Net assets	<u>5,219,310</u>	<u>5,622,050</u>	<u>402,740</u>

Miscellaneous Information

Amended return

Return / extended due date 05/15/26

Failure to file penalty _____

Form **8879-TE**

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the
Treasury Internal
Revenue Service

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025

2024

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

UNION-ANSON COUNTY HABITAT FOR HUMA

EIN or SSN

56-1704668

Name and title of officer or person subject to tax

**KETURAH KEY
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form

1a Form 990 check	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,727,710</u>
2a Form 990-EZ check	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 990-T check	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check	<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 _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>		9a _____
10 Form 8038-CP check	<input type="checkbox"/>		10b _____

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

I am an officer of the above entity, and I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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.

Under penalties of perjury, I declare that

PIN: check one box only

I authorize **MDI TAX & ACCOUNTING** to enter my PIN **69109** as my signature

on the tax year 2024 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 entity, I will enter my PIN as my signature on the tax year 2024 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

Date

05/12/26

Certification and Authentication

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

69380552525

DAA

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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

05/12/26

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

Form **990**

Department of the Treasury Internal Revenue Service

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

2024

Open to Public Inspection

A. For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B. Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

Name of organization: **UNION-ANSON COUNTY HABITAT FOR HUMA**
Doing business as: **PO BOX 1688**
Number and street (or P.O. box if mail is not delivered to street address): **MONROE NC 28111**
City or town, state or province, country, and ZIP or foreign postal code: **PO BOX 1688 MONROE NC 28111**

Room/suite: **PO BOX 1688**
Telephone number: **704-296-9414**

Employer identification number: **56-1704668**

Gross receipts: **2,940,463**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

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

J. Website: **WWW.UNIONHABITAT.ORG** H(c) Group exemption number: **8545**

K. Form of organization: Corporation Trust Association Other L. Year of formation: **1990** M. State of legal domicile: **NC**

Part I Summary

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

TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME FAMILIES.

Activities & Governance

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

3	Number of voting members of the governing body (Part VI, line 1a)	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	10
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	39
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	Prior Year	Current Year
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0
	483,255	593,257

Revenue

8	Contributions and grants (Part VIII, column (A), lines 1-4)	1,469,804
9	Program service revenue (Part VIII, line 2g)	1
10	Investment income (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11)	624,119
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	167,170
12	Total revenue = add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,451
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,027,310
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,927,710
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,002,540
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,655,569
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,658,109
19	Revenue less expenses. Subtract line 18 from line 12	369,201

Expenses

b Total fundraising expenses (Part IX, column (D), line 25) 0

Net Assets or Fund Balances	20.		
	598,502	8,995,933	
	3,379,192	3,373,883	
	5,219,310	5,622,050	
	Total assets (Part X, line 16)		
21.	Total liabilities (Part X, line 26)		
22.	Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

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

Signature of officer Date

KETURAH KEY **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Preparer's name Preparer's signature Date Check if PTIN

THOMAS M. MOYER III, CPA **05/12/26** self-employed **P00052525**

Firm's name **MDI TAX & ACCOUNTING** Firm's EIN **99-4032392**

Firm's address **2213 COMMERCE DRIVE** Phone no. **704-283-7748**
MONROE, NC 28110

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2024)

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? Form 990 (2024) **UNION ANSON COUNTY HABITAT FOR HUMA 56-1704668**

Yes No Page 3

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 \$ **1,786,366** including grants of \$) (Revenue \$)

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 **1,786,366**

Part IV Checklist of Required Schedules

	Ye s	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 Schedule B, Schedule of Contributors? See instructions	X	
3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 Rev. Proc. 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>	14 b	
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>	15	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. See instructions</i>	16	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>	17	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>	18	X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	19	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	X
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>	20 b	
		21	X

Part IV Checklist of Required Schedules (continued)

		Ye s	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>	22	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>	23	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>	24a	X
b.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 b	
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?	24c	
d.	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24 d	
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>	25a	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>	25 b	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>	26	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>	27	X
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>		
b.	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
c.	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28 b	X
29.	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	28c	X
31.	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	29	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>	30	X

6918 MON 03/12/2025 09:41
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? If "Yes," complete Schedule R, Part I

Form 990 (2024) **UNION ANSON COUNTY HABITAT FOR HUMA** Form 990-170468
 or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)? If "Yes," complete Schedule R, Part V, line 2

36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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? If "Yes," complete Schedule R, Part VI

38. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.

31		X
32		X
33		X
34		X
35a		X
35b		
36		X
37		X
38	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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1a	2
----	---

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

1b	0
----	---

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a		
1b		
1c		

Form 990 (2024) **UNION-ANSON COUNTY HABITAT FOR HUMA 56-1704668**
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7.	Organizations that may receive deductible contributions under section 170(c).				
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?	7a			
b.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c.	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
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?	7e			
f.	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g.	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h.	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8.	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9.	Sponsoring organizations maintaining donor advised funds.				
a.	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b.	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10.	Section 501(c)(7) organizations. Enter:				
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? Note: See the instructions for additional information the organization must report on Schedule O.	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? If "No," provide an explanation on Schedule O	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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X	

g. Chief officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.
 Did the organization contribute to, or participate in, joint venture arrangements with a taxable entity during the year?
 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?

15 b		X
16a		X
16 b		

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed **N O N E**
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.
KETURAH KEY **PO BOX 1688**
MONROE **NC 28110** **704-296-9414**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) KETURAH KEY EXECUTIVE DIRECTOR	40.00 0.00			X				89,721	0	2,917
(2) JUDY CHAPMAN DIRECTOR	0.0 0.00	X						0	0	0
(3) GARY DAVIS VICE PRESIDENT	0.0 0.00	X		X				0	0	0
(4) THERESA DONALDSON TREASURER	0.0 0.00	X		X				0	0	0
(5) WESLEY FAULK MEMBER AT LARGE	0.0 0.00	X		X				0	0	0
(6) RYAN LOVE DIRECTOR	0.0 0.00	X						0	0	0
(7) EDWARD BOWER, MD DIRECTOR	0.0 0.00	X						0	0	0

(8) NOLAN MCBRIDE DIRECTOR	0.0 0.00	X						0	0	0
(9) KENDA MCCOY SECRETARY	0.0 0.00	X	X					0	0	0
(10) SIDNEY SANDY DIRECTOR	0.0 0.00	X						0	0	0
(11) JARVIS WOODBURN PRESIDENT	0.0 0.00	X	X					0	0	0

F Section
A. Officers

(A) Name and title	(B) Position	(C) Position	(D) Position	(E) Position	(F) Position
	Police Officer	Police Officer	Police Officer	Police Officer	Police Officer

employee

(1)
(2)

(1)
(3)

(1)
(4)

(1)
(5)

(1)
(6)

(1)
(7)

(1)
(8)

(1)
(9)

1b	8	2
Subtotal	0	
.....	8	2
.....	0	

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**

	Ye s	No
3. Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		X
		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	
Con tri bu tio ns G i f t s G r a n t s a n d O t h e r S i m i l a r A m o u n t s	1a Federated campaigns	1a					
	b. Membership dues	1b					
	c. Fundraising events	1c					
	d. Related organizations	1d					
	e. Government grants (contributions)						
	f. All other contributions, gifts, grants, and similar amounts not included above	1e	244,601				
	g. Noncash contributions included in lines 1a-1f	1f	348,656				
	h Total. Add lines 1a-1f			593,257			
Pr og r a m S e r v i c e R e v e n u e	2a STORE SALES	Business Code					
	b c HOME SALES		1,164,684	1,164,684			
	d e 8 CHESTERFIELD HWY IN-KIND		214,000	214,000			
	1642 DICKERSON - BAKERY		47,875		47,875		
	CHERAW RESTORE PARKING LOT		30,000		30,000		
	All other program service revenue		8,400		8,400		
			4,845	3,325		1,520	
	g Total. Add lines 2a-2f			1,469,804			
O t h e r R e v e n u e	3 Investment income (including dividends, interest, and other similar amounts)		19,080	19,080			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		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				
		b. Less: cost or other basis and sales exps.	7b	149,309	63,444		
		c. Gain or (loss)	7c	-15,923	164,013		
d Net gain or (loss)				148,090	148,090		
8a Gross income from fundraising events (not including \$							
of contributions reported on line	8a						

	16) See Part IV, line 18	8b					
	Less: direct expenses						
Form 990 (2024)	UNION-ANSON COUNTY HABITAT FOR HOME SU						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line	9a					
	b 19 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	11 MISC (ERT C & OTHER)	Business Code					
	a b RE BATES /RE WA RDS		486,872	486,872			
	c RE CY CLING I NC OME		5,256	5,256			
	d All other revenue		3,291	3,291			
			2,060	2,060			
	e Total. Add lines 11a-11d		497,479				
12 Total revenue. See instructions		2,727,710	2,046,658	0	87,795		

Form 990 (2024) **UNION-ANSON COUNTY HABITAT FOR HUMA 56-1704668**

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	89,721	67,291	22,430	
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)	909,319	681,989	227,330	
7. Other salaries and wages	8,655	6,491	2,164	
8. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,248	60,186	20,062	
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (nonemployees):				
a. Management	76,577		76,577	
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services. See Part IV, line 17	1,701		1,701	
f. Investment management fees				
g. Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	12,690		12,690	
12. Advertising and promotion	19,681	331	19,350	
13. Office expenses				
14. Information technology				
15. Royalties	16,605	12,454	4,151	
16. Occupancy				
17. Travel	61,188	41,366	19,822	
18. Payments of travel or entertainment expenses for any federal, state, or local public officials	1,384		1,384	
19. Conferences, conventions, and meetings				
20. Interest	82,170		82,170	
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance	163,722	125,346	38,376	
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.)	97,437	73,078	24,359	

DAA

U RP

a. PROGRAM COST OF HOMES b. COST OF GOODS SOLD... STORES c. UTILITY S	223,694	223,694		
Form 990 (2024) UNION-ANSON COUNTY HABITAT FOR HUMANS d.	556,199	556,199	4668	Page 13
e. All other expenses	129,153	129,153		
25 Total functional expenses. Add lines 1 through 24e	111,572	83,679	27,893	
	221,751	125,117	96,634	
	2,463,459	1,786,366	677,093	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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	232,389	1	302,347
	2 Savings and temporary cash investments	300,000	2	554,525
	3 Pledges and grants receivable, net		3	30,000
	4 Accounts receivable, net	53,747	4	12,063
	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	233,629	7	224,658
	8 Inventories for sale or use	1,056,542	8	1,302,621
	9 Prepaid expenses and deferred charges	37,179	9	28,952
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,460,802		
	b Less: accumulated depreciation	673,189		
	11 Investments—publicly traded securities	4,910,061	10c	4,787,613
	12 Investments—other securities. See Part IV, line 11	165,225	12	165,227
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,609,730	15	1,587,927
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,598,502	16	8,995,933	
Liabilities	17 Accounts payable and accrued expenses	35,141	17	137,122
	18 Grants payable		18	
	19 Deferred revenue	47,875	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	3,251,719	23	3,121,288
	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	44,457	25	115,473
	26 Total liabilities. Add lines 17 through 25	3,379,192	26	3,373,883
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	5,073,881	27	5,494,600
	28 Net assets with donor restrictions	145,429	28	127,450

Individual Balance Sheet

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Form 990 (2024)

UNION-ANSON COUNTY HABITAT FOR HUMA 56-1704668

29	Capital stock of trust principal, or current funds	29	Page 15
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	32	5.622.050
			5.219.310
33	Total liabilities and net assets/fund balances	33	8,995,933
			8,598,502

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	2,727,71
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,463,459
3	Revenue less expenses. Subtract line 2 from line 1	3	264,251
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,219,310
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	88,700
9	Other changes in net assets or fund balances (explain on Schedule O)	9	49,789
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,622,050

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: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		<input checked="" type="checkbox"/>
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis <input checked="" type="checkbox"/> Consolidated basis Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
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		

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

Property Type	Date	Business %	Cost	Depr Basis	Period	Method
	<u>Deduction</u>		<u>Section 179</u>			
2012 DODGE RAM 1500	2/15/18	100.00	\$ 13,539	\$ 13,539	5.0	S/L-HY
	\$					\$
2012 CHEVY PICKUP	8/31/20	100.00	13,038	13,038	5.0	S/L-HY
	2,608					
2007 TITAN TRUCK - NISSAN	11/04/19	100.00	9,970	9,970	5.0	S/L-HY
	997					
2008 FORD F150	11/25/19	100.00	13,394	13,394	5.0	S/L-HY
	1,339					
2016 CHEV. SILVERADO 1500	12/16/21	100.00	18,179	18,179	5.0	S/L-HY
	3,636					
2011 DODGE RAM 1500	6/29/22	100.00	14,609	14,609	5.0	S/L-HY
	2,921					
2020 CHEVROLET EQUINOX	7/24/24	100.00	20,207	20,207	10.0	S/L-HY
	1,010					
2011 CHEVROLET EXPRESS G3500	5/05/25	100.00	11,144	11,144	5.0	S/L-HY
	1,114					
TOTAL			\$ 114,080	\$ 114,080		\$
13,625	\$		0			\$

SCHEDULE A
(Form 990)

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

2024

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 school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 2. A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 3. 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:
- 4. 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.)
- 5. A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 6. 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.)
- 7. A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8. 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:
- 9. 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.)
- 10. An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11. 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 on 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. Enter the number of supported organizations
 - 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)						
DA(C)						

(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14. Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15. Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test — 2024. 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 — 2023. 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 — 2024. 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

~~UNION ANSON COUNTY HABITAT FOR HUMA 58-1704668~~

b 10%-facts-and-circumstances test — 2023. 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

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,075,113	613,019	815,523	483,255	593,257	3,580,1
2 Gross receipts from admissions, sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,963,175	2,419,445	1,564,489	1,805,366	1,898,568	9,651,0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,038,288	3,032,464	2,380,012	2,288,621	2,491,825	13,231,2
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.)						13,231,2

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	3,038,288	3,032,464	2,380,012	2,288,621	2,491,825	13,231,210
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,075	15,520	5,133	136,121	87,795	250,644
b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	6,075	15,520	5,133	136,121	87,795	250,644
c. Add lines 10a and 10b						
11. Net income from unrelated business activities not included on 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.)	3,044,363	3,047,984	2,385,145	2,424,742	2,579,620	13,481,854
13. Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15. Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	98.14 %
16. Public support percentage from 2023 Schedule A, Part III, line 15	16	99.68 %

Section D. Computation of Investment Income Percentage

17	
18	2 %

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))

18 Investment income percentage from UNZON-ANSON COUNTY HABITAT FOR HUMA 56-1704668

19a 33 1/3% support tests — 2024. 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 — 2023. 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 on 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 box 12a or 12b in Part I, answer lines 4b and 4c 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).</i>		
8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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>		

UNION-ANSON COUNTY HABITAT FOR HUMA 56-1704668

10a		Page 7
10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a.	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b.	A family member of a person described on line 11a above?		
c.	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11a		
	11b		
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2		
3.	By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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? <i>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 each of its supported organizations, and how the organization determined</i>		
	2a		

now the organization was responsive to each of its supported organizations, and now the organization determined that these activities constituted substantially all of its activities.

Schedule A (Form 990) 2024

UNION-ANSON COUNTY HABITAT FOR HUMA 56-1704668

2b		Page 7
3a		
3b		

b. Did the activities described on 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.

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**.
- b.** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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

1

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year <i>(optional)</i>
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 <i>(optional)</i>
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or long tax 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	6	

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

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.

(see instructions).

Schedule A (Form 990) 2024

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	ions (continued)	Current Year
Section D – Distributions			
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024
			(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		

7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

**Schedule B
(Form 990)**
(Rev. December 2024)
Department of the
Treasury Internal
Revenue Service

Schedule of Contributors
Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No.
1545-0047

Name of the organization UNION-ANSON COUNTY HABITAT FOR HUMA	Employer identification number 56-1704668
--	---

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), 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), 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).

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
Schedule B (Form 990) (Rev. 12-2024)

(c) Total contributions (d) Type of contribution
PAGE 2 OF 2 Page 2

1 BRASWELL TRUST
300 EAST WADE STREET
WADESBORO NC 28170

\$ 149,309

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

2 CITY OF MONROE
300 W CROWELL STREET
MONROE NC 28112

\$ 13,822

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

3 TAYLOR FAMILY FOUNDATION
ELIZABETH TAYLOR
PO BOX 1688
MONROE NC 28111

\$ 5,000

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

4 HABITAT FOR HUMANITY INTERNATIONAL
270 PEACHTREE STREET NW SUITE 1300
ATLANTA GA 30303

\$ 9,970

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

(a) No. (b) Name, address, and ZIP + 4

(c) (d) ANCE AGENCY
Name, address, and ZIP + 4 Schedule B (Form 990) (Rev. 12-2024)

NC HOUSING FIN PO BOX 28066

\$ 230,779

X

C 27
611

(a)
No.

(b)

Name, address, and ZIP + 4

(c)

Total contributions

(d)

Type of contribution

6

~~PUBLIX SUPERMARKET CHARITIES~~

~~3300 PUBLIX CORPORATE PARKWAY~~

~~LAKELAND FL 33801~~

\$ 25,000

X

Person
Payroll
Noncash

(Complete Part II for
noncash contributions.)

Name of organization

Employer identification number

UNION-ANSON COUNTY HABITAT FOR HUMA

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	UNITE D WAY OF CHARLOTTE 301.S BREVARD STREET CHARLOTTE NC 28202	\$ 40,953	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DREW LAMB 2108 DELAMERE DRIVE MATTHEWS NC 28104	\$ 11,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (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
1	STOCK	\$ 149,309	11/25/24
1	SHINGLES	\$ 29,340
.....	\$
.....	\$
.....	\$

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	\$

**SCHEDULE D
(Form 990)**

(Rev. December 2024)
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

**Open to Public
Inspection**

Name of the organization

UNION-ANSON COUNTY HABITAT FOR HUMA

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1. Total number at end of year		
2. Aggregate value of contributions to (during year)		
3. Aggregate value of grants from (during year)		
4. Aggregate value at end of year		

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of a historically important land area
Preservation of a certified historic structure

Preservation of land for public use (for example, recreation or education)
Protection of natural habitat
Preservation of open space

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

- a. Total number of conservation easements
- b. Total acreage restricted by conservation easements
- c. Number of conservation easements on a certified historic structure included on line 2a
- d. Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register
2. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
3. Number of states where property subject to conservation easement is located
5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

- 6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- 7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$
- 8. Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No
- 9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
 - (i) Revenue included on Form 990, Part VIII, line 1 \$
 - (ii) Assets included in Form 990, Part X \$
- 2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
 - a. Revenue included on Form 990, Part VIII, line 1 \$
 - b. Assets included in Form 990, Part X \$

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).

- Public exhibition
- a. Scholarly research
- b. Preservation for future generations

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.

- c. Beginning balance
- d. Additions during the year
- f. Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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 g Administrative expenses					
End of year					

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:

- (i) Unrelated organizations?
- (ii) Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,021		36,021
b. Buildings		4,984,419	466,102	4,518,317
c. Leasehold improvements				

d. Equipment				
e. Other				
Schedule D (Form 990) (Rev. 12-2024) UNION-ANSON COUNTY HABITAT FOR HUMA		301,862	56,176	105,163
		138,500	10,388	128,112
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,787,613

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, line 12, col. (B))		

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, line 13, col. (B))		

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	1,308,562
(2) LOTS HELD FOR SALE	128,355
(3) ROU ASSET OPERATING LEASES	59,345
(4) NR JANNA WELLMAN	46,385
(5) DUE FROM AFFILIATE MORTGAGE	19,492
(6) N/R RENEE WILLIAMS	18,753
(7) SALES TAX RECEIVABLE	3,853
(8) EMPLOYEE ADVANCES	3,185

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) **UNION ANSON COUNTY HABITAT FOR HUMA 56-1704668** **1,587,927**

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)	OPERATING LEASE LIABILIEIS - NONCURR	48,102
(3)	REFUNDABLE ADVANCE	29,436
(4)	SALARIES PAYABLE	23,521
(5)	ACCRUED VACATION PAYABLE	23,285
(6)	OPERATING LEASE LIABILITIES, CURRENT	11,242
(7)	HOUSE DEPOSITS	8,000
(8)	ACCRUED INTEREST	6,516
(9)	OVER CLAIM FOR SALES TAX REFUND	5,139
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		115,473

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 _____

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

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

1. Total revenue, gains, and other support per audited financial statements				1	
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a.	Net unrealized gains (losses) on investments	2a			
b.	Donated services and use of facilities	2b			
c.	Recoveries of prior year grants	2c			
		2d			
e.	Add lines 2a through 2d			2e	
3.	Subtract line 2e from line 1			3	
4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a.	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b.	Other (Describe in Part XIII.)	4b			
				4c	
5.	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1. Total expenses and losses per audited financial statements				1	
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a.	Donated services and use of facilities	2a			
b.	Prior year adjustments	2b			
c.	Other losses	2c			
		2d			
e.	Add lines 2a through 2d			2e	
3.	Subtract line 2e from line 1			3	
4. Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a.	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b.	Other (Describe in Part XIII.)	4b			
c.	Add lines 4a and 4b			4c	
5.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - OTHER LIABILITIES CONTINUED

DESCRIPTION	BOOK VALUE
SALES TAX PAYABLE	4,559
LESSEE DEPOSITS	2,000
SALES TAX PAYABLE - SEC	1,343
IN-HOUSE ESCROW	7,427
ESCROW ACCOUNTS	40,243

**SCHEDULE M
(Form 990)**

Department of the
Treasury Internal
Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2024

**Open To
Public
Inspection**

Name of the organization

UNION-ANSON COUNTY HABITAT FOR HUMA

Employer identification number

56-1704668

Part I Types of Property

	(a) Check if applica ble	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1. Art — Works of art				
2. Art — Historical treasures				
3. Art — Fractional interests				
4. Books and publications				
5. Clothing and household goods				
6. Cars and other vehicles				
7. Boats and planes				
8. Intellectual property				
9. Securities — Publicly traded				
10. Securities — Closely held stock				
11. Securities — Partnership, LLC, or trust interests	X	1	149,309	
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 (.....)				
26. Other (.....)				
27. Other (.....)				
28. Other (.....)	X	2	46,419	

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

29

	Ye s	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

**SCHEDULE O
(Form 990)**
(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**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	
PRESENT VALUE AMORTIZATION ADJUSTMENT	\$ 120,289
ALLOWANCE FOR MORTGAGES FORGIVEN	\$ -70,500
TOTAL	\$ 49,789

Form **4562**

Department of the Treasury Internal Revenue Service

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

2024
Attachment Sequence No. **179**

Name(s) shown on return UNION-ANSON COUNTY HABITAT FOR HUMA	Identifying number 56-1704668
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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	1,220,000
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	3,050,000
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 2023 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 2025. Add lines 9 and 10, less line	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions		14	
15 Property subject to section 168(f)(1) election		15	
16 Other depreciation (including ACRS)		16	143,974

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

Section A

17. MACRS deductions for assets placed in service in tax years beginning before 2024		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 2024 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
19 a 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	
DA 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 2024 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	13,625
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	157,599
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** (2024)

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? [X] Yes [] No 24b If "Yes," is the evidence written? [] Yes [X] No

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

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25 13,625

26 Property used more than 50% in a qualified business use: SEE 114,080 114,080 13,625

27 Property used 50% or less in a qualified business use: S/L- S/L- 28 13,625 29

Section B—Information on Use of Vehicles

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

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 include questions about miles driven and personal use.

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

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

Table for Section C with questions 37-41 regarding vehicle use policies and requirements. Includes Yes/No columns and a final Note.

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 2024 tax year (see instructions):						
43. Amortization of costs that began before your 2024 tax year					43	
44. Total. Add amounts in column (f). See the instructions for where to report					44	

Form **4562**

Department of the Treasury Internal Revenue Service

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

2024
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

106 PROSPERITY

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	1,220,000
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	3,050,000
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 2023 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 2025. Add lines 9 and 10, less line	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	770

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	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 2024 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
19 a	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	
19A	Residential rental property			yrs.			

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

THERE ARE NO AMOUNTS FOR PAGE 2

			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 2024 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	
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	770
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	

Form **4562**

Department of the Treasury Internal Revenue Service

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

2024
Attachment Sequence No. **179**

Name(s) shown on return UNION-ANSON COUNTY HABITAT FOR HUMA	Identifying number 56-1704668
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Business or activity to which this form relates

711 ENGLSIDE STREET

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	1,220,000
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	3,050,000
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 2023 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 2025. Add lines 9 and 10, less line	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	5,353

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2024	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 2024 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
19 a 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	
Residential rental property			yrs.			

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

THERE ARE NO AMOUNTS FOR PAGE 2

			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 2024 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	
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	5,353
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	

Federal Asset Report

Form 990, Page 1

Date

Bus Sec

Basis

Asset	Description	In Service	Cost	% Bonus	for Depr	PerConv Meth	Prior	Current
56-1704668				179				

Federal Asset Report

EYE: 6/30/2025

Form 990, Page 1

Asset	Description	In Service	Cost	% Bonus	for Depr	PerConv Meth	Prior	Current
23	53' Trailer	5/16/07	3,000			5 HY S/L	3,000	
0								
30	Building - Old Charlotte	06/10	488,379	Bus Sec	Basis	39 HY S/L	178,448	
12,523								
43	Forklift	6/28/12	1,600			7 HY S/L	1,600	
0								
46	Donated Lawnmower	5/17/12	800			5 HY S/L	800	
0								
50	2010 Penske Truck #000119	8/01/13	24,500			5 HY S/L	24,500	
0								
58	Retail Adv Display	6/30/14	900			7 HY S/L	900	
0								
59	Small tools - Anson	6/30/14	1,019			5 HY S/L	1,019	
0								
60	Forklift	6/22/15	6,840			7 HY S/L	6,840	
0								
64	Forklift from CBS Forklift	9/24/15	5,000			7 HY S/L	5,000	
0								
66	2012 Ford Penske Truck	12/14/15	18,049			5 HY S/L	18,049	
0								
67	Anson County Restore Improvements	6/30/16	70,368			39 HY S/L	15,337	
1,804								
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850			10 HY S/L	3,803	
585								
85	2014 International Rec'd for #44	1/31/19	35,827			5 HY S/L	35,827	
0								
89	Kubota B26TLB 60" Loader & 24" Backho	4/20/20	34,810			10 HY S/L	15,665	
3,481								
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000			10 HY S/L	3,500	
1,000								
91	Forklift for BiLo Bldg	2/28/20	4,000			10 HY S/L	1,800	
400								
92	AC - BiLo Bldg	2/13/21	16,175			40 HY S/L	1,415	
405								
93	Steel Doors BiLo Bldg	2/13/21	1,404			10 HY S/L	491	
141								
94	Roof - BiLo Bldg	2/13/21	138,170			40 HY S/L	12,090	
3,454								
95	Lighting - BiLo Bldg	2/13/21	30,757			40 HY S/L	2,691	
769								
96	Fence with Gate	2/13/21	11,000			20 HY S/L	1,925	
550								
98	Drywall - BiLo Bldg	2/13/21	7,202			15 HY S/L	1,680	
481								
99	Bi-Lo Building Improvements	2/13/21	21,094			40 HY S/L	1,846	
527								
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/13/21	708,000			40 HY S/L	61,950	
17,700								
102.	Electrical Rennovations - SC Restore	2/13/21	11,941			40 HY S/L	1,045	
298								
103.	Laptop - Wadesboro Restore	8/17/20	1,652			10 HY S/L	578	
165								
104.	QuickBooks POS for Restores	11/30/20	5,080			10 HY S/L	1,778	
508								
105.	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323		X	0 3 MOAmort	3,323	
0								
106.	Vosotro Notebook 540c	2/05/21	910			10 HY S/L	319	
91								
107.	Intel NUC 10i5FNH Mini PC & Monitor - I	2/23/21	1,569			10 HY S/L	549	
157								
108.	Dell Laptop	4/08/21	1,929			10 HY S/L	675	
193								
109.	Ice Maker	7/24/20	2,000			10 HY S/L	700	
200								
110.	Yale Forklift	9/16/20	3,500			10 HY S/L	1,225	
350								
111.	Construction Trailer	5/10/21	2,075			5 HY S/L	1,452	
415								
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365			10 HY S/L	2,578	
736								
114	Alarms - SC Restore	10/08/20	3,275			40 HY S/L	287	
81								
115	Compressor (HVAC)	9/15/21	12,890			10 HY S/L	3,223	
1,289								
116	Fencing	12/09/21	14,638			20 HY S/L	1,830	
732								
117	Freezer and Cooler	5/01/23	16,782			10 HY S/L	2,517	
1,678								
118	Dickerson Blvd. Building	10/21/23	2,560,541			40 HY S/L	32,007	

Federal Asset Report

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Date

Bus Sec

Basis

Federal Asset Report

FYE: 6/30/2025

711 Engleside Street

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:								
1	711 Engleside - Land	5/23/24	22,783		22,783	0 -- Land	0	
0								
2	711 Engleside - House	5/23/24	214,095		214,095	40 HY S/L	2,676	
5,353								
	Total Other Depreciation		<u>236,878</u>		<u>236,878</u>		<u>2,676</u>	
	<u>5,353</u>							
	Total ACRS and Other Depreciation		<u>236,878</u>		<u>236,878</u>		<u>2,676</u>	
	<u>5,353</u>							
	Grand Totals		236,878		236,878		2,676	
	5,353							
	Less: Dispositions and Transfers		0		0		0	
	0							
	Less: Start-up/Org Expense		0		0		0	
	0							
	Net Grand Totals		<u>236,878</u>		<u>236,878</u>		<u>2,676</u>	
	<u>5,353</u>							

FYE: 6/30/2025

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Difference SC	Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Fed -
Other Depreciation:									
	23	53' Trailer	5/16/07	3,000	3,000	3,000	0	0	0
	30	Building - Old Charlotte	3/31/10	488,379	488,379	181,577	12,522	12,523	1
	43	Forklift	6/28/12	1,600	1,600	1,600	0	0	0
	46	Donated Lawnmower	5/17/12	800	800	800	0	0	0
	50	2010 Penske Truck #000119	8/01/13	24,500	24,500	24,500	0	0	0
	58	Retail Adv Display	6/30/14	900	900	900	0	0	0
	59	Small tools - Anson	6/30/14	1,019	1,019	1,019	0	0	0
	60	Forklift	6/22/15	6,840	6,840	6,840	0	0	0
	64	Forklift from CBS Forklift	9/24/15	5,000	5,000	5,000	0	0	0
	66	2012 Ford Penske Truck	12/14/15	18,049	18,049	18,049	0	0	0
	67	Anson County Restore Improvements	6/30/16	70,368	70,368	15,337	1,804	1,804	0
	77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850	5,850	3,803	585	585	0
	85	2014 International Rec'd for #44	1/31/19	35,827	35,827	35,827	0	0	0
	89	Kubota B26TLB 60" Loader & 24" Backho	4/20/20	34,810	34,810	15,665	3,481	3,481	0
	90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000	10,000	3,500	1,000	1,000	0
	91	Forklift for BiLo Bldg	2/28/20	4,000	4,000	1,800	400	400	0
	92	AC - BiLo Bldg	2/13/21	16,175	16,175	1,415	405	405	0
	93	Steel Doors BiLo Bldg	2/13/21	1,404	1,404	491	141	141	0
	94	Roof - BiLo Bldg	2/13/21	138,170	138,170	12,090	3,454	3,454	0
	95	Lighting - BiLo Bldg	2/13/21	30,757	30,757	2,691	769	769	0
	96	Fence with Gate	2/13/21	11,000	11,000	1,925	550	550	0
	98	Drywall - BiLo Bldg	2/13/21	7,202	7,202	1,680	481	481	0
	99	Bi-Lo Building Improvements	2/13/21	21,094	21,094	1,846	527	527	0
	101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/13/21	708,000	708,000	61,950	17,700	17,700	0
	102	Electrical Renovations - SC Restore	2/13/21	11,941	11,941	1,045	298	298	0
	103	Laptop - Wadesboro Restore	8/17/20	1,652	1,652	578	165	165	0
	104	QuickBooks POS for Restores	11/30/20	5,080	5,080	1,778	508	508	0
	105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323	3,323	3,323	0	0	0
	106	Vosotro Notebook 540c	2/05/21	910	910	319	91	91	0
	107	Intel NUC 10i5FNH Mini PC & Monitor - I	2/23/21	1,569	1,569	549	157	157	0
	108	Dell Laptop	4/08/21	1,929	1,929	675	193	193	0
	109	Ice Maker	7/24/20	2,000	2,000	700	200	200	0
	110	Yale Forklift	9/16/20	3,500	3,500	1,225	350	350	0
	111	Construction Trailer	5/10/21	2,075	2,075	1,452	415	415	0
	113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365	7,365	2,578	736	736	0
	114	Alarms - SC Restore	10/08/20	3,275	3,275	287	81	81	0
	115	Compressor (HVAC)	9/15/21	12,890	12,890	3,223	1,289	1,289	0
	116	Fencing	12/09/21	14,638	14,638	1,830	732	732	0
	117	Freezer and Cooler	5/01/23	16,782	16,782	2,517	1,678	1,678	0
	118	Dickerson Blvd. Building	10/21/23	2,560,541	2,560,541	32,007	64,013	64,013	0
	122	Yale Forklift	9/21/21	16,900	16,900	4,225	1,690	1,690	0
	123	6'x10'x6'3" Cargo Trailer	11/19/21	15,858	15,858	7,929	1,586	1,586	0
		Sold/Scrapped: 5/29/25							
	124	Cayce Co, Inc. - Cheraw	8/24/21	2,835	2,835	709	283	283	0
	125	BiLo Building Interest	10/21/23	162,706	162,706	2,034	4,067	4,067	0
	126	Admin Bldg Energy Efficiency Upgrade	8/19/22	2,567	2,567	385	257	257	0
	127	Dickerson Blvd. Fence	8/25/22	16,810	16,810	1,261	840	840	0
	128	Dickerson Blvd. Parking Lot Restriping & S	6/15/23	5,525	5,525	414	277	277	0
	129	Dickerson Blvd. led Lighting	10/21/23	27,922	27,922	349	698	698	0
	130	Dickerson Blvd. Roof	10/21/23	67,112	67,112	839	1,678	1,678	0
	131	Office Phones	1/16/24	3,820	3,820	191	382	382	0
	132	Install IP Office Phone System	9/18/23	4,371	4,371	219	437	437	0
	133	East Village Traffic Circle	10/07/23	138,500	138,500	3,463	6,925	6,925	0
	134	Scissor Lift	8/29/23	6,000	6,000	300	600	600	0
	135	Sign for Monroe BiLo Bldg.	10/21/23	1,488	1,488	50	99	99	0
	136	AC Unit - Monroe Bilo Bldg.	1/29/24	211,346	211,346	2,642	5,283	5,283	0
	137	Building Improvements	10/21/23	29,937	29,937	374	749	749	0
	138	Dryer Outlet & Showroom Outlet	3/11/24	1,893	1,893	24	47	47	0
	139	AC - Electric	3/06/24	41,123	41,123	514	1,028	1,028	0
	140	Gas line for Bakery, Gas line for Stove	1/29/24	13,590	13,590	170	340	340	0
	142	1642 Dickerson Blvd. Roof	1/08/25	58,854	58,854	0	736	736	0
	144	6x12' Blackout Trailer	2/28/25	6,455	6,455	0	646	646	0
	145	6x12' Cargo Trailer	2/28/25	6,004	6,004	0	600	600	0
		Total Other Depreciation		<u>5,135,830</u>	<u>5,135,830</u>	<u>483,483</u>	<u>143,973</u>	<u>143,974</u>	<u>1</u>
		Total ACRS and Other Depreciation		<u>5,135,830</u>	<u>5,135,830</u>	<u>483,483</u>	<u>143,973</u>	<u>143,974</u>	<u>1</u>

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Difference SC	Asset Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Fed -
Listed Property:								
73	2012 Dodge Ram 1500	2/15/18	13,539	13,539	13,539	0	0	0
112	2012 Chevy Pickup	8/31/20	13,038	13,038	9,126	2,608	2,608	0
86	2007 Titan Truck - Nissan	11/04/19	9,970	9,970	8,973	997	997	0
	Sold/Scrapped: 10/07/24							
87	2008 Ford F150	11/25/19	13,394	13,394	12,055	1,339	1,339	0
	Sold/Scrapped: 7/23/24							
119	2016 Chev. Silverado 1500	12/16/21	18,179	18,179	9,089	3,636	3,636	0
120	2011 Dodge Ram 1500	6/29/22	14,609	14,609	7,305	2,921	2,921	0
141	2020 Chevrolet Equinox	7/24/24	20,207	20,207	0	4,041	1,010	-3,031
143	2011 Chevrolet Express G3500	5/05/25	11,144	11,144	0	2,229	1,114	-1,115
			<u>114,080</u>	<u>114,080</u>	<u>60,087</u>	<u>17,771</u>	<u>13,625</u>	<u>-4,146</u>
	Grand Totals		5,249,910	5,249,910	543,570	161,744	157,599	-4,145
	Less: Dispositions		39,222	39,222	28,957	3,922	3,922	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>5,210,688</u>	<u>5,210,688</u>	<u>514,613</u>	<u>157,822</u>	<u>153,677</u>	<u>-4,145</u>

SC Asset Report

FYE: 6/30/2025

711 Engleside Street

Difference Asset SC	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Fed -
Other Depreciation:								
1	711 Engleside - Land	5/23/24	22,783	22,783	0	0	0	0
2	711 Engleside - House	5/23/24	214,095	214,095	2,676	5,353	5,353	0
	Total Other Depreciation		<u>236,878</u>	<u>236,878</u>	<u>2,676</u>	<u>5,353</u>	<u>5,353</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>236,878</u>	<u>236,878</u>	<u>2,676</u>	<u>5,353</u>	<u>5,353</u>	<u>0</u>
	Grand Totals		236,878	236,878	2,676	5,353	5,353	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>236,878</u>	<u>236,878</u>	<u>2,676</u>	<u>5,353</u>	<u>5,353</u>	<u>0</u>

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Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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								
115.	Compressor (HVAC)	9/15/21	0		0	0 HY	0	
0								
116.	Fencing	12/09/21	0		0	0 HY	0	
0								
122.	Yale Forklift	9/21/21	0		0	0 HY	0	
0								
123.	6'x10'x6'3" Cargo Trailer	11/19/21	0		0	0 HY	0	
0								
	Sold/Scrapped: 5/29/25							
124.	Cayce Co, Inc. - Cheraw	8/24/21	0		0	0 HY	0	0
	Total Other Depreciation		0		0		0	0
	Total ACRS and Other Depreciation		0		0		0	0
	<u>0</u>							
Listed Property:								
73	2012 Dodge Ram 1500	2/15/18	13,539	X	0	5 MQ200DB	13,539	
0								
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								
	Sold/Scrapped: 10/07/24							
87.	2008 Ford F150	11/25/19	0		0	0 HY	0	
0								
	Sold/Scrapped: 7/23/24							
119	2016 Chev. Silverado 1500	12/16/21	0		0	0 HY	0	
0								
120	2011 Dodge Ram 1500	6/29/22	0		0	0 HY	0	
0								
141	2020 Chevrolet Equinox	7/24/24	20,207	X	8,083	5 HY 200DB	0	
13,741								
143	2011 Chevrolet Express G3500	5/05/25	11,144	X	0	5 HY 200DB	0	11,144
			44,890		8,083		13,539	
			<u>24,885</u>					
	Grand Totals		3,440,361		3,225,444		240,792	
	122,583							
	Less: Dispositions and Transfers		0		0		0	
	0							
	Net Grand Totals		<u>3,440,361</u>		<u>3,225,444</u>		<u>240,792</u>	
	122,583							

FYE: 6/30/2025

106 Prosperity

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:								
80 0	106 Prosperity Ln - Land	12/01/14	8,868		8,868	0 -- Land	0	
	Mass Sale: 12/12/24							
81 0	106 Prosperity Ln - House	12/01/14	0		0	0 HY	0	
	Mass Sale: 12/12/24							
	Total Other Depreciation		<u>8,868</u>		<u>8,868</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>8,868</u>		<u>8,868</u>		<u>0</u>	<u>0</u>
	Grand Totals		8,868		8,868		0	
	Less: Dispositions and Transfers		<u>8,868</u>		<u>8,868</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>

AMT Asset Report

711 Engleside Street

FYE: 6/30/2025

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:								
2	711 Engleside - House	5/23/24	214,095		214,095	27 MM S/L	973	7,785
			<u>214,095</u>		<u>214,095</u>		<u>973</u>	<u>7,785</u>
Other Depreciation:								
1	711 Engleside - Land	5/23/24	0		0	0 HY	0	0
	Total Other Depreciation		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		214,095		214,095		973	
	7,785							
	Less: Dispositions and Transfers		0		0		0	
	0							
	Net Grand Totals		<u>214,095</u>		<u>214,095</u>		<u>973</u>	
	<u>7,785</u>							

Bonus Depreciation Report

FYE: 6/30/2025

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<u>Basis 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 - for Depr</u>
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323		0	0	3,323	0
Grand Total			<u>3,323</u>		<u>0</u>	<u>0</u>	<u>3,323</u>	<u>0</u>

Depreciation Adjustment Report

FYE: 6/30/2025

All Business Activities

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

56-1704668

Future Depreciation Report**FYE: 6/30/26**

FYE: 6/30/2025

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
23	53' Trailer	5/16/07	3,000	0	0
30	Building - Old Charlotte	3/31/10	488,379	12,522	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
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	0	0
64	Forklift from CBS Forklift	9/24/15	5,000	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
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850	585	0
85	2014 International Rec'd for #44	1/31/19	35,827	0	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	404	0
93.	Steel Doors BiLo Bldg	2/13/21	1,404	140	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	208	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
115.	Compressor (HVAC)	9/15/21	12,890	1,289	0
116.	Fencing	12/09/21	14,638	732	0
117.	Freezer and Cooler	5/01/23	16,782	1,679	459
118.	Dickerson Blvd. Building	10/21/23	2,560,541	64,014	65,655
122	Yale Forklift	9/21/21	16,900	1,690	0
124	Cayce Co, Inc. - Cheraw	8/24/21	2,835	284	0
125	BiLo Building Interest	10/21/23	162,706	4,068	4,172
126.	Admin Bldg Energy Efficiency Upgrade	8/19/22	2,567	256	0
127.	Dickerson Blvd. Fence	8/25/22	16,810	841	0
128.	Dickerson Blvd. Parking Lot Restriping & Spee	6/15/23	5,525	276	89
129.	Dickerson Blvd. led Lighting	10/21/23	27,922	698	716
130.	Dickerson Blvd. Roof	10/21/23	67,112	1,678	1,721
131.	Office Phones	1/16/24	3,820	382	268
132.	Install IP Office Phone System	9/18/23	4,371	437	153
133.	East Village Traffic Circle	10/07/23	138,500	6,925	2,368
134.	Scissor Lift	8/29/23	6,000	600	230
135.	Sign for Monroe BiLo Bldg.	10/21/23	1,488	99	57
136.	AC Unit - Monroe Bilo Bldg.	1/29/24	211,346	5,284	5,419
137.	Building Improvements	10/21/23	29,937	748	768
138.	Dryer Outlet & Showroom Outlet	3/11/24	1,893	47	48
139.	AC - Electric	3/06/24	41,123	1,028	1,054
140.	Gas line for Bakery, Gas line for Stove	1/29/24	13,590	339	349
142	1642 Dickerson Blvd. Roof	1/08/25	58,854	1,471	1,509
144	6x12' Blackout Trailer	2/28/25	6,455	1,291	0
145	6x12' Cargo Trailer	2/28/25	6,004	1,201	0
Total Other Depreciation			5,119,972	144,163	85,119

56-1704668

Future Depreciation Report**FYE: 6/30/26**

FYE: 6/30/2025

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Total ACRS and Other Depreciation			<u>5,119,972</u>	<u>144,163</u>	<u>85,119</u>
Listed Property:					
73	2012 Dodge Ram 1500	2/15/18	13,539	0	0
112	2012 Chevy Pickup	8/31/20	13,038	1,304	0
119	2016 Chev. Silverado 1500	12/16/21	18,179	3,636	0
120	2011 Dodge Ram 1500	6/29/22	14,609	2,922	0
141	2020 Chevrolet Equinox	7/24/24	20,207	2,021	2,586
143	2011 Chevrolet Express G3500	5/05/25	11,144	2,229	0
			<u>90,716</u>	<u>12,112</u>	<u>2,586</u>
Grand Totals			<u>5,210,688</u>	<u>156,275</u>	<u>87,705</u>

56-1704668

Future Depreciation Report**FYE: 6/30/26**

FYE: 6/30/2025

711 Engleside Street

Asset	Description	Date In Service	Cost	Tax	AMT
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Other Depreciation:

1	711 Engleside - Land	5/23/24	22,783	0	0
2	711 Engleside - House	5/23/24	214,095	5,352	7,786
Total Other Depreciation			<u>236,878</u>	<u>5,352</u>	

<u>7,786</u>	Total ACRS and Other Depreciation	<u>236,878</u>	<u>5,352</u>	
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<u>7,786</u>	Grand Totals	<u>236,878</u>	<u>5,352</u>	
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7,786

SC Future Depreciation Report**FYE: 6/30/26**

FYE: 6/30/2025

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
Other Depreciation:				
23	53' Trailer	5/16/07	3,000	0
30	Building - Old Charlotte	3/31/10	488,379	12,523
43	Forklift	6/28/12	1,600	0
46	Donated Lawnmower	5/17/12	800	0
50	2010 Penske Truck #000119	8/01/13	24,500	0
58	Retail Adv Display	6/30/14	900	0
59	Small tools - Anson	6/30/14	1,019	0
60	Forklift	6/22/15	6,840	0
64	Forklift from CBS Forklift	9/24/15	5,000	0
66	2012 Ford Penske Truck	12/14/15	18,049	0
67	Anson County Restore Improvements	6/30/16	70,368	1,804
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850	585
85	2014 International Rec'd for #44	1/31/19	35,827	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810	3,481
90.	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000	1,000
91.	Forklift for BiLo Bldg	2/28/20	4,000	400
92.	AC - BiLo Bldg	2/13/21	16,175	404
93.	Steel Doors BiLo Bldg	2/13/21	1,404	140
94.	Roof - BiLo Bldg	2/13/21	138,170	3,454
95.	Lighting - BiLo Bldg	2/13/21	30,757	769
96.	Fence with Gate	2/13/21	11,000	550
98	Drywall - BiLo Bldg	2/13/21	7,202	480
99	Bi-Lo Building Improvements	2/13/21	21,094	527
101.	Cheraw Restore - Old Bi-Lo-8 Chesterfield Hwy	2/13/21	708,000	17,700
102.	Electrical Rennovations - SC Restore	2/13/21	11,941	299
103.	Laptop - Wadesboro Restore	8/17/20	1,652	165
104.	QuickBooks POS for Restores	11/30/20	5,080	508
105.	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323	0
106.	Vosotro Notebook 540c	2/05/21	910	91
107.	Intel NUC 10i5FNH Mini PC & Monitor - Irais	2/23/21	1,569	157
108.	Dell Laptop	4/08/21	1,929	193
109.	Ice Maker	7/24/20	2,000	200
110.	Yale Forklift	9/16/20	3,500	350
111.	Construction Trailer	5/10/21	2,075	208
113.	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365	737
114.	Alarms - SC Restore	10/08/20	3,275	82
115.	Compressor (HVAC)	9/15/21	12,890	1,289
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117.	Freezer and Cooler	5/01/23	16,782	1,679
118.	Dickerson Blvd. Building	10/21/23	2,560,541	64,014
122	Yale Forklift	9/21/21	16,900	1,690
124	Cayce Co, Inc. - Cheraw	8/24/21	2,835	284
125.	BiLo Building Interest	10/21/23	162,706	4,068
126.	Admin Bldg Energy Efficiency Upgrade	8/19/22	2,567	256
127.	Dickerson Blvd. Fence	8/25/22	16,810	841
128.	Dickerson Blvd. Parking Lot Restriping & Spee	6/15/23	5,525	276
129.	Dickerson Blvd. led Lighting	10/21/23	27,922	698
130.	Dickerson Blvd. Roof	10/21/23	67,112	1,678
131.	Office Phones	1/16/24	3,820	382
132.	Install IP Office Phone System	9/18/23	4,371	437
133.	East Village Traffic Circle	10/07/23	138,500	6,925
134.	Scissor Lift	8/29/23	6,000	600
135.	Sign for Monroe BiLo Bldg.	10/21/23	1,488	99
136.	AC Unit - Monroe Bilo Bldg.	1/29/24	211,346	5,284
137.	Building Improvements	10/21/23	29,937	748
138.	Dryer Outlet & Showroom Outlet	3/11/24	1,893	47
139.	AC - Electric	3/06/24	41,123	1,028
140.	Gas line for Bakery, Gas line for Stove	1/29/24	13,590	339
142	1642 Dickerson Blvd. Roof	1/08/25	58,854	1,471
144	6x12' Blackout Trailer	2/28/25	6,455	1,291
145	6x12' Cargo Trailer	2/28/25	6,004	1,201
Total Other Depreciation			<u>5,119,972</u>	<u>144,164</u>

56-1704668

SC Future Depreciation Report**FYE: 6/30/26**

FYE: 6/30/2025

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
Total ACRS and Other Depreciation			<u>5,119,972</u>	<u>144,164</u>
Listed Property:				
73	2012 Dodge Ram 1500	2/15/18	13,539	0
112	2012 Chevy Pickup	8/31/20	13,038	1,304
119	2016 Chev. Silverado 1500	12/16/21	18,179	3,636
120	2011 Dodge Ram 1500	6/29/22	14,609	2,922
141	2020 Chevrolet Equinox	7/24/24	20,207	6,467
143	2011 Chevrolet Express G3500	5/05/25	11,144	3,566
			<u>90,716</u>	<u>17,895</u>
Grand Totals			<u>5,210,688</u>	<u>162,059</u>

SC Future Depreciation Report**FYE: 6/30/26**

FYE: 6/30/2025

711 Engleside Street

Asset	Description	Date In Service	Cost	SC
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Other Depreciation:

1	711 Engleside - Land	5/23/24	22,783	0
2	711 Engleside - House	5/23/24	214,095	5,352
Total Other Depreciation			<u>236,878</u>	

<u>5,352</u>	Total ACRS and Other Depreciation	<u>236,878</u>	
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<u>5,352</u>	Grand Totals	<u>236,878</u>	
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5,352

6910MON Union-Anson County Habitat for Huma

05/12/2026 5:27 PM

56-1704668

SC Future Depreciation Report ~~FYE: 6/30/26~~

Form 990	For calendar year 2024, or tax year beginning 07/01/24 06/30/25 , ending	2023 & 2024
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Two Year Comparison Report

Name

Taxpayer Identification Number

|

		2023	2024	Differences	
Revenue	6910MON Union-Anson County Habitat for Human Contributions, gifts, grants	188,255	388,126	-199,871	
	56-1704668			-134,599	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	244,601	244,601	
	4. Program service revenue	4.	1,887,491	1,469,804	-417,687
	5. Investment income	5.	21,545	19,080	-2,465
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	602,568	148,090	-454,478
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	32,451	497,479	465,028
	12. Total revenue. Add lines 1 through 11	12.	3,027,310	2,727,710	-299,600
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	89,721	89,721	
	16. Salaries, other compensation, and employee benefits	16.	913,662	998,222	84,560
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	44,254	78,278	34,024
	19. Occupancy, rent, utilities, and maintenance	19.	118,186	16,605	-101,581
	20. Depreciation and Depletion	20.	136,150	163,722	27,572
	21. Other expenses	21.	1,445,857	1,116,911	-328,946
	22. Total expenses. Add lines 13 through 21	22.	2,658,109	2,463,459	-194,650
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	369,201	264,251	-104,950
Other Information	24. Total exempt revenue	24.	3,027,310	2,727,710	-299,600
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	2,544,055	2,134,453	-409,602
	27. Total assets	27.	8,598,502	8,995,933	397,431
	28. Total liabilities	28.	3,379,192	3,373,883	-5,309
	29. Retained earnings	29.	5,219,310	5,622,050	402,740
	30. Number of voting members of governing body	30.	13	10	
	31. Number of independent voting members of governing body	31.	13	10	
	32. Number of employees	32.	40	39	
	33. Number of volunteers	33.			

SC Future Depreciation Report FYE: 6/30/26

SC Future Depreciation Report

FYE: 6/30/26

1,075,113	578,410	815,523	483,255	593,257	05/12/2026 5:27 PM
6910MON Union-Anson County Habitat for Hum					
56-1704668	SC Future Depreciation Report				FYE: 6/30/26
1,951,032	2,362,043	1,542,958	1,887,491	1,469,804	
37,231	9,300	1,418	602,568	148,090	
70		1,233	21,545	19,080	
	6,650	10,768			
18,148	66,272	14,663	32,451	497,479	
3,081,594	3,022,675	2,386,563	3,027,310	2,727,710	
				89,721	
864,896	979,129	933,429	913,662	998,222	
37,873	35,877	24,445	44,254	78,278	
93,600	14,000	15,200	118,186	16,605	
89,216	102,968	108,658	136,150	163,722	
1,596,722	1,726,393	1,418,798	1,477,606	1,116,911	
2,682,307	2,858,367	2,500,530	2,689,858	2,463,459	
399,287	164,308	-113,967	337,452	264,251	

6910MON 05/12/2026 5:27 PM

Form 990	Tax Return History	2024
Name	UNION-ANSON COUNTY HABITAT FOR HUMA	Employer Identification Number 56-1704668

Contributions, gifts, grants	etc.	cost	exp			Fund Balances
Membership dues	Othe	s	ens		Total excludable revenue	
Program service revenue	r					
Capital gain or loss	com	Depr	ciat			
Investment income	pen	ciation	ion			
Fundraising revenue (income/loss)	ation	and	and			
Gaming revenue (income/loss)		depl	etion			
Other revenue	Prof	ession	al			
Total revenue	fees	r	expe			
Grants and similar amounts paid		nses				
Benefits paid to or for members	Occ					
Compensation of officers,	upan	Total				

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 4,525				
TOTAL	\$ 4,525				

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 2,503				
TOTAL	\$ 2,503				

Federal Statements

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

<u>Description</u>	<u>Total</u>	<u>Program Expenses</u>	<u>Management & Service</u>	<u>Fund Raising</u>
ADDITIONAL FEES DRUG SCREEN	\$ 480	\$ 480	0	\$ 0
	38		38	
	19		19	
	681		681	
COPIES		483	102	
TOTAL	\$ <u>1,701</u>	\$ <u>0</u>	<u>1,701</u>	<u>0</u>

Federal Statements

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

<u>Description</u>	<u>Total</u> <u>Expenses</u>	<u>Management &</u> <u>General</u>
OTHER PROGRAM REPAIRS ^	\$ 30,634	\$
MERCHANT FEES	29,514	29,514
TELEPHONE 16 715	22,287	5,572
TITHE TO HFHI	19,684	19,684
STORE EXPENSE 12 707	16,943	4,236
REPAIRS 15 071	15,071	
AFFILIAGE MORTGAGE BANK F	14,858	14,858
OUTSIDE CONTRACT SERVICES 10 742	10,742	
BUILDING REPAIRS 8 771	8,771	
EQUIPMENT RENTAL 8 022	8,022	
MISCELLANEOUS EXPENSE	7,202	7,202
PROPERTY TAXES - VACANT L 6 586	6,586	
GIFT EXPENSE 5 826	5,826	
DUES & SUBSCRIPTIONS	5,242	5,242
MEALS & ENTERTAINMENT - C 2 696	4,928	1,232
SECURITY SYSTEM 2 271	4,362	1,091
UACHH DONATION	4,060	4,060
LICENSES & PERMITS	1,580	1,580
CONTRACT SERVICES 1 110	1,440	
TOOLS 1 352	1,352	
MISCELLANEOUS	1,262	1,262
BANK CHARGES	617	617
APPLICATION EXPENSE	477	477
CRITICAL HOME REPAIR 200	200	
DEDICATION EXPENSE 65	65	
MEALS & ENTERTAINMENT	26	7

6910MONTION-ANSON COUNTY HABITAT FOR HUMA

\$ 221,751

\$ 96,634

\$

56-170468

125,117

Federal Statements

FYE: 6/30/2025

Federal Statements

Schedule A, Part
III, Line 1(e)

Description	Amount
DONATIONS	
CARS FOR HOMES DONATIONS	10,970
CHRISTMAS DONATIONS	1,200
CONSTRUCTION MATERIALS	17,079
PUBLIC GRANTS	11,750
CONSTRUCTION DONATIONS	700
GRANTS	5,500
BRASWELL TRUST	
STOCK	149,300
CITY OF MONROE	
CASH CONTRIBUTION	13,822
TAYLOR FAMILY FOUNDATION	
CASH CONTRIBUTION	5,000
HABITAT FOR HUMANITY INTERNATIONAL	
CASH CONTRIBUTION	9,970
NC HOUSING FINANCE AGENCY	
CASH CONTRIBUTION	230,770
PUBLIX SUPERMARKET CHARITIES	
CASH CONTRIBUTION	25,000
UNITED WAY OF CHARLOTTE	
CASH CONTRIBUTION	40,953
LOWES	
LOWES DONATION	
QUOIZEL, INC.	
QUISELL LIGHTING - LIGHT FIXTURE	
GREGORY PHILLIPS	
CASH CONTRIBUTION	25,000
ANNONYMOUS	
CASH CONTRIBUTION	5,000
DREW LAMB	
CASH CONTRIBUTION	11,000

6916 MONTELLA - Anson County Habitat for Huma

56-1704668

FYE: 6/30/2025

TOTAL

Federal Statements

20 210

\$

593,25

7

Federal Statements

**Schedule A, Part
 III, Line 2(e)**

Description	--	---
APPLICATION FEE	\$	225
LATE PAYMENT FEES	3,100	
HOME SALES	214,000	
STORE SALES	1,164,684	
INTEREST	4,525	
DIVIDENDS	2,503	
INTEREST INCOME	5	
CAPITAL GAINS	10,375	
CAPITAL GAINS	1,672	
MISC (ERTC & OTHER)	486,872	
HOA INCOME	60	
RECYCLING INCOME	3,291	
REBATES/REWARDS	5,256	
MISC. SALE OF ASSET	2,000	
GOLF TOURNY		
TOTAL	\$	<u>1,898,568</u>

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

Description	--	---
106 PROSPERITY	\$	
711 ENGLSIDE STREET		
8 CHESTERFIELD HWY IN-KIND	47,875	
1642 DICKERSON - BAKERY	30,000	
MONROE RESTORE PARKING LOT	1,520	
CHERAW RESTORE PARKING LOT	0	100

6910MONTION-ANSON COUNTY HABITAT FOR HUMA
56-1704668
FYE: 6/30/2025

\$ 87,795

Federal Statements