

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning **07/01/21** , and ending **06/30/22**

56-1704668

### Union-Anson County Habitat for Huma

**Net Asset / Fund Balance at Beginning of Year** 4,323,119

#### Revenue

Contributions	<u>613,019</u>		
Program service revenue	<u>2,362,043</u>		
Investment income			
Capital gain / loss	<u>9,300</u>		
Fundraising / Gaming:			
Gross revenue	<u>6,650</u>		
Direct expenses			
Net income	<u>6,650</u>		
Other income	<u>66,272</u>		
<b>Total revenue</b>		<u><b>3,057,284</b></u>	

#### Expenses

Program services	<u>2,403,280</u>		
Management and general	<u>462,185</u>		
Fundraising	<u>4,116</u>		
<b>Total expenses</b>		<u><b>2,869,581</b></u>	
<b>Excess / (deficit)</b>			<u><b>187,703</b></u>

Changes                     

**Net Asset / Fund Balance at End of Year** 4,510,822

#### Reconciliation of Revenue

Total revenue per financial statements	<u>3,057,284</u>
Less:	
Unrealized gains	<u>                    </u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u><u>3,057,284</u></u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u>2,869,581</u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u><u>2,869,581</u></u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>5,850,333</u>	<u>8,475,250</u>	
Liabilities	<u>1,527,214</u>	<u>3,964,428</u>	
Net assets	<u><u>4,323,119</u></u>	<u><u>4,510,822</u></u>	<u>187,703</u>

#### Miscellaneous Information

Amended return                     

Return / extended due date 11/15/22

Failure to file penalty

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 22▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2021**Department of the Treasury  
Internal Revenue Service

Name of filer

**Union-Anson County Habitat for Huma**

EIN or SSN

**56-1704668**Name and title of officer or person subject to tax **Mike Reece****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 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>3,057,284</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	▶ <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	▶ <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	▶ <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

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

on the tax year 2021 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 2021 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 ▶ 05/04/23**Part III Certification and Authentication**

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

56206552525

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ 05/04/23**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** (2021)

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

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

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

**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>Union-Anson County Habitat for Huma</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>PO Box 1688</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>Monroe NC 28111</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>56-1704668</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>704-296-9414</b></p> <b>G</b> Gross receipts\$ <b>3,057,284</b>
<b>F</b> Name and address of principal officer: <p><b>Mike Reece</b> <b>PO Box 1688</b> <b>Monroe NC 28111</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶ <b>8545</b>
<b>J</b> Website: ▶ <b>www.unionhabitat.org</b>		<b>L</b> Year of formation: <b>1990</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>To provide affordable housing for low income families.</b></p>																			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>16</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>16</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b> <b>39</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <b>0</b>																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0</b>																		
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> <b>0</b>																		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;"><b>1,075,113</b></td> <td style="text-align: right;"><b>613,019</b></td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;"><b>1,951,032</b></td> <td style="text-align: right;"><b>2,362,043</b></td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;"><b>37,301</b></td> <td style="text-align: right;"><b>9,300</b></td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"><b>18,148</b></td> <td style="text-align: right;"><b>72,922</b></td> </tr> <tr> <td><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;"><b>3,081,594</b></td> <td style="text-align: right;"><b>3,057,284</b></td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,075,113</b>	<b>613,019</b>	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,951,032</b>	<b>2,362,043</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>37,301</b>	<b>9,300</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,148</b>	<b>72,922</b>	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,081,594</b>	<b>3,057,284</b>
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>																		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>																		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>864,896</b>																		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>																		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,116</b>																			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,817,411</b>																		
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,682,307</b>																		
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>399,287</b>																		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td style="text-align: right;"><b>5,850,333</b></td> <td style="text-align: right;"><b>8,475,250</b></td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td style="text-align: right;"><b>1,527,214</b></td> <td style="text-align: right;"><b>3,964,428</b></td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;"><b>4,323,119</b></td> <td style="text-align: right;"><b>4,510,822</b></td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	<b>5,850,333</b>	<b>8,475,250</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>1,527,214</b>	<b>3,964,428</b>	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,323,119</b>	<b>4,510,822</b>						
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	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,323,119</b>																		

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>Mike Reece</b></p> Type or print name and title	Date <p style="text-align: center;"><b>Executive Director</b></p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>THOMAS M. MOYER, III</b></p> Firm's name ▶ <b>Moyer, DeVoe &amp; Iocco, PLLC</b> Firm's address ▶ <b>2213 Commerce Drive, Suite A</b> <b>Monroe, NC 28110</b>	Preparer's signature Date <b>05/23/23</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00052525</b> Firm's EIN ▶ <b>87-3925494</b> Phone no. <b>704-283-7748</b>

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**To provide affordable housing for low income families.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **2,403,280** including grants of \$ ) (Revenue \$ **875,189** )

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

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **2,403,280**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b>	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>		<b>X</b>
<b>23</b>	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>		<b>X</b>
<b>24a</b>	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>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b>	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>		<b>X</b>
<b>27</b>	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>		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	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>X</b>
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	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>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	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>		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>1a</b>	<b>12</b>
<b>1b</b>	<b>0</b>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>39</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	<b>16</b>		
Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b>	<b>16</b>		
Enter the number of voting members included on line 1a, above, who are independent.			
<b>2</b>			<b>X</b>
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
<b>3</b>			<b>X</b>
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
<b>4</b>			<b>X</b>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<b>X</b>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<b>X</b>
Did the organization have members or stockholders?			
<b>7a</b>			<b>X</b>
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
<b>b</b>			<b>X</b>
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
<b>8</b>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>		<b>X</b>	
The governing body?			
<b>b</b>		<b>X</b>	
Each committee with authority to act on behalf of the governing body?			
<b>9</b>			<b>X</b>
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			

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

		Yes	No
<b>10a</b>			<b>X</b>
Did the organization have local chapters, branches, or affiliates?			
<b>b</b>			
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
<b>11a</b>		<b>X</b>	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
<b>b</b>			
Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b>		<b>X</b>	
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
<b>b</b>		<b>X</b>	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
<b>c</b>			<b>X</b>
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.			
<b>13</b>			<b>X</b>
Did the organization have a written whistleblower policy?			
<b>14</b>			<b>X</b>
Did the organization have a written document retention and destruction policy?			
<b>15</b>			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b>			<b>X</b>
The organization's CEO, Executive Director, or top management official.			
<b>b</b>			<b>X</b>
Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>			<b>X</b>
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
<b>b</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?			
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

**Mike Reece** PO Box 1688  
**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, 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) <b>Mike Reece</b> ..... <b>Executive Director</b>	40.00 ..... 0.00			X				95,504	0	0
(2) <b>Jay Aldridge</b> ..... <b>Director</b>	0.00 ..... 0.00	X						0	0	0
(3) <b>Christian Beltz</b> ..... <b>Director</b>	0.00 ..... 0.00	X						0	0	0
(4) <b>Greg Brinkley</b> ..... <b>Director</b>	0.00 ..... 0.00	X						0	0	0
(5) <b>Gary Davis</b> ..... <b>Director</b>	0.00 ..... 0.00	X						0	0	0
(6) <b>Wesley Faulk</b> ..... <b>President</b>	0.00 ..... 0.00	X		X				0	0	0
(7) <b>Edward Bower, MD</b> ..... <b>Director</b>	0.00 ..... 0.00	X						0	0	0
(8) <b>John Martin</b> ..... <b>Director</b>	0.00 ..... 0.00	X						0	0	0
(9) <b>Nolan McBride</b> ..... <b>Vice-President</b>	0.00 ..... 0.00	X		X				0	0	0
(10) <b>Kenda McCoy</b> ..... <b>Treasurer</b>	0.00 ..... 0.00	X		X				0	0	0
(11) <b>David Nagel</b> ..... <b>Director</b>	0.00 ..... 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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			
(12) Alan Plyler Secretary	0.00 0.00	X		X				0	0	0
(13) Sidney Sandy Director	0.00 0.00	X						0	0	0
(14) Sam Turner Director	0.00 0.00	X						0	0	0
(15) Joe Weaver Director	0.00 0.00	X						0	0	0
(16) L. Russell Wing Director	0.00 0.00	X						0	0	0
(17) Jarvis Woodburn Director	0.00 0.00	X						0	0	0
<b>1b Subtotal</b>								<b>95,504</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>95,504</b>		

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	12,109			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	22,500			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	578,410			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 126,884			
	<b>h Total.</b> Add lines 1a-1f		613,019			
<b>Program Service Revenue</b>	<b>2a</b> Store Income	Business Code	1,550,994	1,550,994		
	<b>b</b> Transfers to Homeowners		692,000	692,000		
	<b>c</b> Income - Monroe BiLo		87,509	87,509		
	<b>d</b> Lot Sales		22,692	22,692		
	<b>e</b> 106 Prosperity		6,075		6,075	
	<b>f</b> All other program service revenue		2,773	2,773		
	<b>g Total.</b> Add lines 2a-2f		2,362,043			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		9,300		
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
<b>c</b> Gain or (loss)	<b>7c</b>		9,300			
<b>d</b> Net gain or (loss)		9,300	9,300			
<b>8a</b> Gross income from fundraising events (not including \$ 12,109 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	6,650				
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events		6,650				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> Insurance Proceeds	Business Code	30,000	30,000		
	<b>b</b> Miscellaneous Income		19,023	19,023		
	<b>c</b> East Village Development		9,445		9,445	
	<b>d</b> All other revenue		7,804	7,804		
	<b>e Total.</b> Add lines 11a-11d		66,272			
<b>12 Total revenue.</b> See instructions		3,057,284	2,422,095	0	15,520	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>908,503</b>	<b>681,377</b>	<b>227,126</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>70,626</b>	<b>52,969</b>	<b>17,657</b>	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>1,571</b>		<b>1,571</b>	
<b>c</b> Accounting	<b>21,403</b>		<b>21,403</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>12,903</b>		<b>12,903</b>	
<b>12</b> Advertising and promotion	<b>6,901</b>		<b>6,901</b>	
<b>13</b> Office expenses	<b>11,214</b>	<b>421</b>	<b>10,793</b>	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>14,000</b>	<b>10,500</b>	<b>3,500</b>	
<b>17</b> Travel	<b>60,801</b>	<b>45,601</b>	<b>15,200</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>1,014</b>		<b>1,014</b>	
<b>20</b> Interest	<b>1,727</b>		<b>1,727</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>102,968</b>	<b>77,221</b>	<b>25,747</b>	
<b>23</b> Insurance	<b>103,836</b>	<b>77,877</b>	<b>25,959</b>	
<b>24</b> 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.)				
<b>a</b> Program Cost of Homes	<b>665,075</b>	<b>665,075</b>		
<b>b</b> Cost of Goods Sold - Stor	<b>555,076</b>	<b>555,076</b>		
<b>c</b> URP	<b>144,502</b>	<b>144,502</b>		
<b>d</b> Utilities	<b>88,230</b>	<b>66,172</b>	<b>22,058</b>	
<b>e</b> All other expenses	<b>99,231</b>	<b>26,489</b>	<b>68,626</b>	<b>4,116</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>2,869,581</b>	<b>2,403,280</b>	<b>462,185</b>	<b>4,116</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>252,565</b>	<b>1</b>	<b>95,792</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>20,000</b>	<b>4</b>	<b>13,000</b>
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>274,280</b>	<b>7</b>	<b>260,712</b>
	<b>8</b> Inventories for sale or use	<b>1,011,504</b>	<b>8</b>	<b>1,299,286</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>20,303</b>	<b>9</b>	<b>33,814</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>5,518,157</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>792,591</b>	<b>2,149,074</b>	<b>10c</b> <b>4,725,566</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11	<b>165,244</b>	<b>12</b>	<b>174,545</b>
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>1,957,363</b>	<b>15</b>	<b>1,872,535</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>5,850,333</b>	<b>16</b>	<b>8,475,250</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>93,187</b>	<b>17</b>	<b>213,172</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>277,674</b>	<b>19</b>	<b>201,074</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>1,106,555</b>	<b>23</b>	<b>3,538,419</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>49,798</b>	<b>25</b>	<b>11,763</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,527,214</b>	<b>26</b>	<b>3,964,428</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>4,030,174</b>	<b>27</b>	<b>4,320,064</b>
	<b>28</b> Net assets with donor restrictions	<b>292,945</b>	<b>28</b>	<b>190,758</b>
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>4,323,119</b>	<b>32</b>	<b>4,510,822</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>5,850,333</b>	<b>33</b>	<b>8,475,250</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,057,284</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,869,581</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>187,703</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,323,119</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,510,822</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	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.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

## Federal Statements

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

	Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
2012 Dodge Ram 1500		2/15/18	100.00	\$ 13,539	\$ 13,539	5.0	S/L-HY	\$ 2,708	\$
2012 Chevy Pickup		8/31/20	100.00	13,038	13,038	5.0	S/L-HY	2,607	
2007 Titan Truck - Nissan		11/04/19	100.00	9,970	9,970	5.0	S/L-HY	1,994	
2008 Ford F150		11/25/19	100.00	13,394	13,394	5.0	S/L-HY	2,679	
2016 Chev. Silverado 1500		12/16/21	100.00	18,179	18,179	5.0	S/L-HY	1,818	
2011 Dodge Ram 1500		6/29/22	100.00	14,609	14,609	5.0	S/L-HY	1,461	
Total				\$ <u>82,729</u>	\$ <u>82,729</u>			\$ <u>13,267</u>	\$ <u>0</u>

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public  
Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**Union-Anson County Habitat for Huma**

Employer identification number

**56-1704668**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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



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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %; 16a 33 1/3% support test—2021. 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; b 33 1/3% support test—2020. 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; 17a 10%-facts-and-circumstances test—2021. 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; b 10%-facts-and-circumstances test—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	925,075	616,419	1,036,463	1,075,113	613,019	4,266,089
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,013,835	2,031,555	1,835,030	1,963,175	2,419,445	9,263,040
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	915,721	9,300				925,021
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	2,854,631	2,657,274	2,871,493	3,038,288	3,032,464	14,454,150
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						14,454,150

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	2,854,631	2,657,274	2,871,493	3,038,288	3,032,464	14,454,150
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		15,095	9,640	6,075	15,520	46,330
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b		15,095	9,640	6,075	15,520	46,330
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,854,631	2,672,369	2,881,133	3,044,363	3,047,984	14,500,480
<b>14 First 5 years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	99.68 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	99.77 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2021.** 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—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	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>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			



**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

**Union-Anson County Habitat for Huma****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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- 
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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).

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

Schedule B (Form 990) (2021)



Name of organization

**Union-Anson County Habitat for Huma**

Employer identification number

**56-1704668****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>Braswell Trust</b> 300 East Wade Street Wadesboro NC 28170	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>Pee Dee Electric</b> 575 US-52 Wadesboro NC 28170	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>City of Monroe</b> 300 W Crowell Street Monroe NC 28112	\$ 22,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>Elevation Church</b> 11416 E. Independence Blvd. Matthews NC 28105	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>First Presbyterian Church</b> 302 E Windsor St Monroe NC 28112	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<b>Mar-Mac Wire, Inc.</b> 229 Mar Mac Wire Road McBee SC 29101	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**Union-Anson County Habitat for Huma**

Employer identification number

**56-1704668****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	National Philanthropic Trust Fund 165 Township Line Road, Suite 1200 Jenkintown PA 19046	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NCHF PO Box 28066 Raleigh NC 27611	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Publix Supermarket 5132 Old Charlotte Highway Monroe NC 28110	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Dan Rush 9215 Clerkenwell Drive Waxhaw NC 28173	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Leon Levine Foundation 6000 Fairview Rd Suite 1525 Charlotte NC 28210	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Taylor Family Foundation PO Box 1688 Monroe NC 28111	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**Union-Anson County Habitat for Huma**

Employer identification number

**56-1704668**

**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
13	Town of Cheraw 200 Market Street Cheraw SC 29520	\$ 76,600	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	Union County Association of Realtors 2627 Brekonridge Centre Drive Monroe NC 28110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	United Way of Central Carolina 301 S Brevard Street Charlotte NC 28202	\$ 30,490	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	University of Pittsburgh 4200 Fifth Ave. Pittsburgh PA 15260	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**Union-Anson County Habitat for Huma**

Employer identification number

**56-1704668**

**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
13	Free use of Facility ..... ..... .....	\$ 76,600	.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	..... ..... .....	\$ .....	.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	..... ..... .....	\$ .....	.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	..... ..... .....	\$ .....	.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	..... ..... .....	\$ .....	.....
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.....	..... ..... .....	\$ .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

Union-Anson County Habitat for Huma

56-1704668

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 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?, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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. 1b 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):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Term endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land .....		22,107		22,107
<b>b</b> Buildings .....		5,204,527	645,979	4,558,548
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		291,523	146,612	144,911
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **4,725,566**

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>Mortgages Receivable</b>	<b>1,655,346</b>
(2) <b>Lots Held for Sale</b>	<b>128,355</b>
(3) <b>NR Janna Wellman</b>	<b>47,405</b>
(4) <b>N/R Renee Williams</b>	<b>19,331</b>
(5) <b>Due from Michigan Fund</b>	<b>13,703</b>
(6) <b>Sales Tax Receivable</b>	<b>8,395</b>
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>1,872,535</b>

**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) <b>Accrued Vacation Payable</b>	<b>15,616</b>
(3) <b>Salaries Payable</b>	<b>13,550</b>
(4) <b>House Deposits</b>	<b>6,556</b>
(5) <b>Sales Tax Payable</b>	<b>5,599</b>
(6) <b>Truck Deposit</b>	<b>1,250</b>
(7) <b>Escrow Accounts</b>	<b>-30,808</b>
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>11,763</b>

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







**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

**Union-Anson County Habitat for Huma**

Employer identification number

**56-1704668**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....  
.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tourny</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>18,759</b>			<b>18,759</b>
	<b>2</b> Less: Contributions .....	<b>12,109</b>			<b>12,109</b>
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>6,650</b>			<b>6,650</b>
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>6,650</b>	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Union-Anson County Habitat for Huma**

Employer identification number

**56-1704668**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )	<b>X</b>	<b>1</b>	<b>76,600</b>	
26 Other ▶ ( )	<b>X</b>	<b>1</b>	<b>50,284</b>	
27 Other ▶ ( )				
28 Other ▶ ( )				

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

**29**

	Yes	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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
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?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
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.		

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

Schedule M (Form 990) 2021



**SCHEDULE O  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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 **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2021**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**Union-Anson County Habitat for Huma**

Identifying number

**56-1704668**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>1,050,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,620,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	<b>13</b>	

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

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

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>89,701</b>

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2021	<b>17</b>	<b>0</b>
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2021 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	<b>13,267</b>
<b>22</b>	<b>Total.</b> 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	<b>22</b>	<b>102,968</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.



Union-Anson County Habitat for Huma 56-1704668

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 9 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

26 Property used more than 50% in a qualified business use:

See Statement 1

Table for line 26 showing percentages and amounts: 82,729, 82,729, 13,267.

27 Property used 50% or less in a qualified business use:

Table for line 27 showing percentages and S/L- designations.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 13,267

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

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

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6, and rows 30-36 for miles driven and availability questions.

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 rows 37-41 and Yes/No columns for policy and use questions.

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

Table for Section VI with columns (a) through (f): Description of costs, Date amortization begins, Amortizable amount, Code section, Amortization period or percentage, Amortization for this year.

42 Amortization of costs that begins during your 2021 tax year (see instructions):

43 Amortization of costs that began before your 2021 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

56-1704668

## Federal Asset Report

FYE: 6/30/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
18	Building 3 - Hwy 74	9/29/05	664,923				664,923	39	HY S/L	271,837	17,050
20	2007 Building Improvement	6/30/07	138,701				138,701	39	HY S/L	49,787	3,557
23	53' Trailer	5/16/07	3,000				3,000	5	HY S/L	3,000	0
25	Sinage - Brands Building	12/10/07	13,424				13,424	15	HY S/L	12,082	894
27	2009 Restore roof expansion	12/31/08	113,482				113,482	39	HY S/L	36,374	2,909
30	Building - Old Charlotte	3/31/10	488,379				488,379	39	HY S/L	140,881	12,522
31	2010 Restore Roof Expansion	12/31/09	10,309				10,309	39	HY S/L	3,038	265
32	(1) Dell Laptop PC	10/09/09	754				754	5	HY S/L	754	0
33	(1) Dell Laptop PC	10/09/09	754				754	5	HY S/L	754	0
34	Baler	10/01/09	11,500				11,500	7	HY S/L	11,500	0
	Sold/Scrapped: 6/30/22										
37	Fence - Restore	2/10/11	2,673				2,673	15	HY S/L	1,855	179
38	Sinage - Restore	3/30/11	9,300				9,300	15	HY S/L	6,355	620
39	2 Dell Laptops	10/08/10	1,336				1,336	5	HY S/L	1,336	0
40	Forklifts	1/26/11	3,800				3,800	7	HY S/L	3,800	0
42	Riding Lawnmower	5/11/12	900				900	7	HY S/L	900	0
43	Forklift	6/28/12	1,600				1,600	7	HY S/L	1,600	0
46	Donated Lawnmower	5/17/12	800				800	5	HY S/L	800	0
50	2010 Penske Truck #000119	8/01/13	24,500				24,500	5	HY S/L	24,500	0
54	New Front Doors	10/14/13	2,901				2,901	15	HY S/L	1,499	193
55	ReStore Lighting Project	12/26/13	5,294				5,294	15	HY S/L	2,647	352
56	New Side Doors	1/31/14	3,000				3,000	15	HY S/L	1,483	200
58	Retail Adv Display	6/30/14	900				900	7	HY S/L	900	0
59	Small tools - Anson	6/30/14	1,019				1,019	5	HY S/L	1,019	0
60	Forklift	6/22/15	6,840				6,840	7	HY S/L	6,351	489
64	Forklift from CBS Forklift	9/24/15	5,000				5,000	7	HY S/L	3,929	714
65	2004 Ford Extended Cab	7/27/15	8,000				8,000	5	HY S/L	8,000	0
	Sold/Scrapped: 6/28/22										
66	2012 Ford Penske Truck	12/14/15	18,049				18,049	5	HY S/L	18,049	0
67	Anson County Restore Improvements	6/30/16	70,368				70,368	39	HY S/L	9,924	1,804
69	Hwy 74 Restore Lot Paving	11/07/16	34,350				34,350	15	HY S/L	10,305	2,290
70	HVAC Coil Replacement-74 Restore	8/04/16	8,920				8,920	15	HY S/L	2,676	595
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850				5,850	10	HY S/L	2,048	585
80	106 Prosperity Ln - Land	12/01/14	8,868				8,868	0	-- Land	0	0
81	106 Prosperity Ln - House	12/01/14	61,572				61,572	40	HY S/L	10,005	1,540
85	2014 International Rec'd for #44	1/31/19	35,827				35,827	5	HY S/L	17,914	7,165
88	Dell Computer	5/05/02	896				896	10	HY S/L	179	90
89	Kubota B26TLB 60" Loader & 24" Backho	4/20/20	34,810				34,810	10	HY S/L	5,222	3,481
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000				10,000	10	HY S/L	500	1,000
91	Forklift for BiLo Bldg	2/28/20	4,000				4,000	10	HY S/L	600	400
92	AC - BiLo Bldg	2/13/21	16,175				16,175	40	HY S/L	202	405
93	Steel Doors BiLo Bldg	2/13/21	1,404				1,404	10	HY S/L	70	141
94	Roof - BiLo Bldg	2/13/21	138,170				138,170	40	HY S/L	1,727	3,454
95	Lighting - BiLo Bldg	2/13/21	30,757				30,757	40	HY S/L	384	769
96	Fence with Gate	2/13/21	11,000				11,000	20	HY S/L	275	550
98	Drywall - BiLo Bldg	2/13/21	7,202				7,202	15	HY S/L	240	480
99	Bi-Lo Building Improvements	2/13/21	21,094				21,094	40	HY S/L	264	527
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/13/21	708,000				708,000	40	HY S/L	8,850	17,700
102	Electrical Rennovations - SC Restore	2/13/21	11,941				11,941	40	HY S/L	149	299
103	Laptop - Wadesboro Restore	8/17/20	1,652				1,652	10	HY S/L	83	165
104	QuickBooks POS for Restores	11/30/20	5,080				5,080	10	HY S/L	254	508
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323			X	0	3	MO Amort	3,323	0
106	Vosotro Notebook 540c	2/05/21	910				910	10	HY S/L	46	91
107	Intel NUC 10i5FNH Mini PC & Monitor - 1	2/23/21	1,569				1,569	10	HY S/L	78	157
108	Dell Laptop	4/08/21	1,929				1,929	10	HY S/L	96	193
109	Ice Maker	7/24/20	2,000				2,000	10	HY S/L	100	200
110	Yale Forklift	9/16/20	3,500				3,500	10	HY S/L	175	350
111	Construction Trailer	5/10/21	2,075				2,075	5	HY S/L	207	415
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365				7,365	10	HY S/L	368	737
114	Alarms - SC Restore	10/08/20	3,275				3,275	40	HY S/L	41	82
115	Compressor (HVAC)	9/15/21	12,890				12,890	10	HY S/L	0	645
116	Fencing	12/09/21	14,638				14,638	20	HY S/L	0	366
117	Freezer and Cooler	6/30/22	16,782				16,782	0	-- Memo	0	0
118	Dickerson Blvd. Building	6/30/22	2,516,750				2,516,750	0	-- Memo	0	0
122	Yale Forklift	9/21/21	16,900				16,900	10	HY S/L	0	845
123	6x10x6'3" Cargo Trailer	11/19/21	15,858				15,858	5	HY S/L	0	1,586
124	Cayce Co, Inc. - Cheraw	8/24/21	2,835				2,835	10	HY S/L	0	142
125	BiLo Building Interest	6/30/22	50,017				50,017	0	-- Memo	0	0

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Total Other Depreciation</b>			<u>5,441,690</u>			<u>5,438,367</u>		<u>691,335</u>	<u>89,701</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,441,690</u>			<u>5,438,367</u>		<u>691,335</u>	<u>89,701</u>
<b>Listed Property:</b>									
73	2012 Dodge Ram 1500	2/15/18	13,539			13,539	5 HY S/L	9,477	2,708
112	2012 Chevy Pickup	8/31/20	13,038			13,038	5 HY S/L	1,304	2,607
86	2007 Titan Truck - Nissan	11/04/19	9,970			9,970	5 HY S/L	2,991	1,994
87	2008 Ford F150	11/25/19	13,394			13,394	5 HY S/L	4,018	2,679
119	2016 Chev. Silverado 1500	12/16/21	18,179			18,179	5 HY S/L	0	1,818
120	2011 Dodge Ram 1500	6/29/22	14,609			14,609	5 HY S/L	0	1,461
			<u>82,729</u>			<u>82,729</u>		<u>17,790</u>	<u>13,267</u>
<b>Grand Totals</b>			5,524,419			5,521,096		709,125	102,968
<b>Less: Dispositions and Transfers</b>			19,500			19,500		19,500	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>5,504,919</u>			<u>5,501,596</u>		<u>689,625</u>	<u>102,968</u>

56-1704668

## AMT Asset Report

FYE: 6/30/2022

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
23	53' Trailer	5/16/07	3,000				3,000	5	HY 150DB	3,000	0
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850			X	0	5	MQ200DB	5,850	0
114	Alarms - SC Restore	10/08/20	3,275				3,275	39	MMS/L	59	84
			<u>12,125</u>				<u>6,275</u>			<u>8,909</u>	<u>84</u>
<b>Other Depreciation:</b>											
18	Building 3 - Hwy 74	9/29/05	0				0	0	HY	0	0
20	2007 Building Improvement	6/30/07	0				0	0	HY	0	0
25	Sinage - Brands Building	12/10/07	0				0	0	HY	0	0
27	2009 Restore roof expansion	12/31/08	0				0	0	HY	0	0
30	Building - Old Charlotte	3/31/10	0				0	0	HY	0	0
31	2010 Restore Roof Expansion	12/31/09	0				0	0	HY	0	0
32	(1) Dell Laptop PC	10/09/09	0				0	0	HY	0	0
33	(1) Dell Laptop PC	10/09/09	0				0	0	HY	0	0
34	Baler	10/01/09	0				0	0	HY	0	0
	Sold/Scrapped: 6/30/22										
37	Fence - Restore	2/10/11	0				0	0	HY	0	0
38	Sinage - Restore	3/30/11	0				0	0	HY	0	0
39	2 Dell Laptops	10/08/10	0				0	0	HY	0	0
40	Forklifts	1/26/11	0				0	0	HY	0	0
42	Riding Lawnmower	5/11/12	0				0	0	HY	0	0
43	Forklift	6/28/12	0				0	0	HY	0	0
46	Donated Lawnmower	5/17/12	0				0	0	HY	0	0
50	2010 Penske Truck #000119	8/01/13	0				0	0	HY	0	0
54	New Front Doors	10/14/13	0				0	0	HY	0	0
55	ReStore Lighting Project	12/26/13	0				0	0	HY	0	0
56	New Side Doors	1/31/14	0				0	0	HY	0	0
58	Retail Adv Display	6/30/14	0				0	0	HY	0	0
59	Small tools - Anson	6/30/14	0				0	0	HY	0	0
60	Forklift	6/22/15	0				0	0	HY	0	0
64	Forklift from CBS Forklift	9/24/15	0				0	0	HY	0	0
65	2004 Ford Extended Cab	7/27/15	0				0	0	HY	0	0
	Sold/Scrapped: 6/28/22										
66	2012 Ford Penske Truck	12/14/15	0				0	0	HY	0	0
67	Anson County Restore Improvements	6/30/16	0				0	0	HY	0	0
69	Hwy 74 Restore Lot Paving	11/07/16	0				0	0	HY	0	0
70	HVAC Coil Replacement-74 Restore	8/04/16	0				0	0	HY	0	0
80	106 Prosperity Ln - Land	12/01/14	8,868				8,868	0	-- Land	0	0
81	106 Prosperity Ln - House	12/01/14	0				0	0	HY	0	0
85	2014 International Rec'd for #44	1/31/19	0				0	0	HY	0	0
88	Dell Computer	5/05/02	0				0	0	HY	0	0
89	Kubota B26TLB 60" Loader & 24" Backho	4/20/20	0				0	0	HY	0	0
90	Glass Front Doors - SC BiLo Bldg	2/13/21	0				0	0	HY	0	0
91	Forklift for BiLo Bldg	2/28/20	0				0	0	HY	0	0
92	AC - BiLo Bldg	2/13/21	0				0	0	HY	0	0
93	Steel Doors BiLo Bldg	2/13/21	0				0	0	HY	0	0
94	Roof - BiLo Bldg	2/13/21	0				0	0	HY	0	0
95	Lighting - BiLo Bldg	2/13/21	0				0	0	HY	0	0
96	Fence with Gate	2/13/21	0				0	0	HY	0	0
98	Drywall - BiLo Bldg	2/13/21	0				0	0	HY	0	0
99	Bi-Lo Building Improvements	2/13/21	0				0	0	HY	0	0
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/13/21	0				0	0	HY	0	0
102	Electrical Rennovations - SC Restore	2/13/21	0				0	0	HY	0	0
103	Laptop - Wadesboro Restore	8/17/20	0				0	0	HY	0	0
104	QuickBooks POS for Restores	11/30/20	0				0	0	HY	0	0
106	Vosotro Notebook 540c	2/05/21	0				0	0	HY	0	0
107	Intel NUC 10i5FNH Mini PC & Monitor - 1	2/23/21	0				0	0	HY	0	0
108	Dell Laptop	4/08/21	0				0	0	HY	0	0
109	Ice Maker	7/24/20	0				0	0	HY	0	0
110	Yale Forklift	9/16/20	0				0	0	HY	0	0
111	Construction Trailer	5/10/21	0				0	0	HY	0	0
113	John Deere Lawnmower Z915E ZTrack	4/27/21	0				0	0	HY	0	0
115	Compressor (HVAC)	9/15/21	0				0	0	HY	0	0
116	Fencing	12/09/21	0				0	0	HY	0	0
117	Freezer and Cooler	6/30/22	0				0	0	HY	0	0
118	Dickerson Blvd. Building	6/30/22	0				0	0	HY	0	0
122	Yale Forklift	9/21/21	0				0	0	HY	0	0

56-1704668

**AMT Asset Report**

FYE: 6/30/2022

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
123	6'x10'x6'3" Cargo Trailer	11/19/21	0			0	0 HY	0	0
124	Cayce Co, Inc. - Cheraw	8/24/21	0			0	0 HY	0	0
125	BiLo Building Interest	6/30/22	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>8,868</u>			<u>8,868</u>		<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>8,868</u>			<u>8,868</u>		<u>0</u>	<u>0</u>
<b>Listed Property:</b>									
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
87	2008 Ford F150	11/25/19	0			0	0 HY	0	0
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
			<u>13,539</u>			<u>0</u>		<u>13,539</u>	<u>0</u>
<b>Grand Totals</b>			34,532			15,143		22,448	84
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>34,532</u>			<u>15,143</u>		<u>22,448</u>	<u>84</u>

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

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

# Depreciation Adjustment Report

## All Business Activities

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

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
18	Building 3 - Hwy 74	9/29/05	664,923	17,049	0
20	2007 Building Improvement	6/30/07	138,701	3,556	0
23	53' Trailer	5/16/07	3,000	0	0
25	Sinage - Brands Building	12/10/07	13,424	448	0
27	2009 Restore roof expansion	12/31/08	113,482	2,910	0
30	Building - Old Charlotte	3/31/10	488,379	12,523	0
31	2010 Restore Roof Expansion	12/31/09	10,309	264	0
32	(1) Dell Laptop PC	10/09/09	754	0	0
33	(1) Dell Laptop PC	10/09/09	754	0	0
37	Fence - Restore	2/10/11	2,673	178	0
38	Sinage - Restore	3/30/11	9,300	620	0
39	2 Dell Laptops	10/08/10	1,336	0	0
40	Forklifts	1/26/11	3,800	0	0
42	Riding Lawnmower	5/11/12	900	0	0
43	Forklift	6/28/12	1,600	0	0
46	Donated Lawnmower	5/17/12	800	0	0
50	2010 Penske Truck #000119	8/01/13	24,500	0	0
54	New Front Doors	10/14/13	2,901	194	0
55	ReStore Lighting Project	12/26/13	5,294	353	0
56	New Side Doors	1/31/14	3,000	200	0
58	Retail Adv Display	6/30/14	900	0	0
59	Small tools - Anson	6/30/14	1,019	0	0
60	Forklift	6/22/15	6,840	0	0
64	Forklift from CBS Forklift	9/24/15	5,000	357	0
66	2012 Ford Penske Truck	12/14/15	18,049	0	0
67	Anson County Restore Improvements	6/30/16	70,368	1,804	0
69	Hwy 74 Restore Lot Paving	11/07/16	34,350	2,290	0
70	HVAC Coil Replacement-74 Restore	8/04/16	8,920	594	0
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850	585	0
80	106 Prosperity Ln - Land	12/01/14	8,868	0	0
81	106 Prosperity Ln - House	12/01/14	61,572	1,539	0
85	2014 International Rec'd for #44	1/31/19	35,827	7,165	0
88	Dell Computer	5/05/02	896	90	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810	3,481	0
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000	1,000	0
91	Forklift for BiLo Bldg	2/28/20	4,000	400	0
92	AC - BiLo Bldg	2/13/21	16,175	404	0
93	Steel Doors BiLo Bldg	2/13/21	1,404	140	0
94	Roof - BiLo Bldg	2/13/21	138,170	3,455	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 Renovations - SC Restore	2/13/21	11,941	298	0
103	Laptop - Wadesboro Restore	8/17/20	1,652	165	0
104	QuickBooks POS for Restores	11/30/20	5,080	508	0
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323	0	0
106	Vosotro Notebook 540c	2/05/21	910	91	0
107	Intel NUC 10i5FNH Mini PC & Monitor - Irais	2/23/21	1,569	157	0
108	Dell Laptop	4/08/21	1,929	193	0
109	Ice Maker	7/24/20	2,000	200	0
110	Yale Forklift	9/16/20	3,500	350	0
111	Construction Trailer	5/10/21	2,075	415	0
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365	736	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	6/30/22	16,782	0	0
118	Dickerson Blvd. Building	6/30/22	2,516,750	0	0
122	Yale Forklift	9/21/21	16,900	1,690	0
123	6'x10'x6'3" Cargo Trailer	11/19/21	15,858	3,171	0
124	Cayce Co, Inc. - Cheraw	8/24/21	2,835	283	0
125	BiLo Building Interest	6/30/22	50,017	0	0



<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Total Other Depreciation</b>		<u>5,422,190</u>	<u>91,985</u>	<u>84</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,422,190</u>	<u>91,985</u>	<u>84</u>
<b>Listed Property:</b>					
73	2012 Dodge Ram 1500	2/15/18	13,539	1,354	0
112	2012 Chevy Pickup	8/31/20	13,038	2,608	0
86	2007 Titan Truck - Nissan	11/04/19	9,970	1,994	0
87	2008 Ford F150	11/25/19	13,394	2,679	0
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
			<u>82,729</u>	<u>15,193</u>	<u>0</u>
	<b>Grand Totals</b>		<u>5,504,919</u>	<u>107,178</u>	<u>84</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning <b>07/01/21</b> , ending <b>06/30/22</b>		

Name

Taxpayer Identification Number

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

		2020	2021	Differences
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Contributions, gifts, grants	1,008,549	590,519	-418,030
	2. Membership dues and assessments			
	3. Government contributions and grants	66,564	22,500	-44,064
	4. Program service revenue	1,951,032	2,362,043	411,011
	5. Investment income	70		-70
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	37,231	9,300	-27,931
	8. Net income or (loss) from fundraising events		6,650	6,650
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	18,148	66,272	48,124
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>3,081,594</b>	<b>3,057,284</b>	<b>-24,310</b>
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	864,896	979,129	114,233
	17. Professional fundraising fees			
	18. Other professional fees	37,873	35,877	-1,996
	19. Occupancy, rent, utilities, and maintenance	93,600	14,000	-79,600
	20. Depreciation and Depletion	89,216	102,968	13,752
	21. Other expenses	1,596,722	1,737,607	140,885
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,682,307</b>	<b>2,869,581</b>	<b>187,274</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>399,287</b>	<b>187,703</b>	<b>-211,584</b>
<b>O</b> <b>t</b> <b>h</b> <b>e</b> <b>r</b> <b>I</b> <b>n</b> <b>f</b> <b>o</b> <b>r</b> <b>m</b> <b>a</b> <b>t</b> <b>i</b> <b>o</b> <b>n</b>	<b>24. Total exempt revenue</b>	<b>3,081,594</b>	<b>3,057,284</b>	<b>-24,310</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	2,006,481	2,437,615	431,134
	27. Total assets	5,850,333	8,475,250	2,624,917
	28. Total liabilities	1,527,214	3,964,428	2,437,214
	29. Retained earnings	4,323,119	4,510,822	187,703
	30. Number of voting members of governing body	13	16	
31. Number of independent voting members of governing body	13	16		
32. Number of employees	38	39		
33. Number of volunteers				

Form **990****Tax Return History****2021**

Name

**Union-Anson County Habitat for Huma**

Employer Identification Number

**56-1704668**

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	925,075	616,419	1,036,463	1,075,113	613,019	
Membership dues						
Program service revenue	1,003,000	2,010,762	1,824,448	1,951,032	2,362,043	
Capital gain or loss	-1,020	14,608	90,668	37,231	9,300	
Investment income		164		70		
Fundraising revenue (income/loss)		19,481	8,067		6,650	
Gaming revenue (income/loss)						
Other revenue	926,556	25,543	12,155	18,148	66,272	
<b>Total revenue</b>	<b>2,853,611</b>	<b>2,686,977</b>	<b>2,971,801</b>	<b>3,081,594</b>	<b>3,057,284</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	730,329	779,103	801,890	864,896	979,129	
Professional fees	27,126	19,058	28,892	37,873	35,877	
Occupancy costs		19,800	52,567	93,600	14,000	
Depreciation and depletion	88,445	89,014	81,621	89,216	102,968	
Other expenses	1,605,370	2,193,692	1,264,354	1,596,722	1,737,607	
<b>Total expenses</b>	<b>2,451,270</b>	<b>3,100,667</b>	<b>2,229,324</b>	<b>2,682,307</b>	<b>2,869,581</b>	
<b>Excess or (Deficit)</b>	<b>402,341</b>	<b>-413,690</b>	<b>742,477</b>	<b>399,287</b>	<b>187,703</b>	
<b>Total exempt revenue</b>	<b>2,853,611</b>	<b>2,686,977</b>	<b>2,971,801</b>	<b>3,081,594</b>	<b>3,057,284</b>	
Total unrelated revenue						
Total excludable revenue	1,928,536	2,051,077	1,927,271	2,006,481	2,437,615	
Total Assets	5,619,204	4,931,010	5,757,481	5,850,333	8,475,250	
Total Liabilities	1,863,096	1,906,105	1,990,099	1,527,214	3,964,428	
Net Fund Balances	3,756,108	3,024,905	3,767,382	4,323,119	4,510,822	

## Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional Fees Drug Screen	\$ 600	\$	\$ 600	\$
Contract Services	7,153		7,153	
Professional Fees - Other	1,594		1,594	
Volunteer Services	3,556		3,556	
<b>Total</b>	<b>\$ 12,903</b>	<b>\$ 0</b>	<b>\$ 12,903</b>	<b>\$ 0</b>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Building Repairs	\$ 30,048	\$ 30,048		
Store Expense	27,847	20,885	6,962	
City of Monroe Projects	26,132	26,132		
Merchant Fees	23,813		23,813	
Casual Labor	17,887	17,887		
Telephone	15,617	11,713	3,904	
Affiliate Mortgage Fees	15,510		15,510	
US - SOSI Fees	15,000	15,000		
Collegiate Challenge	10,806	10,806		
Equipment Repairs	9,846	9,846		
Miscellaneous Expense	8,073		8,073	
Equipment Rental	7,871	7,871		
Property Taxes - Unused L	5,514	5,514		
Thithe HFHI	5,000	5,000		
Tools	4,846	4,846		
Expenses	4,116			4,116
Dues & Subscriptions	3,728		3,728	
Taxes - other	3,307	3,307		
Bank Charges	2,760		2,760	
Repairs	2,752	2,752		
Habitat Homeowner Repairs	1,880	1,880		
Tithe to HFH NC	1,650	1,650		
Fraudulent Charges	1,622		1,622	
Transportation Services	1,330	1,330		

**Federal Statements**

**Form 990, Part IX, Line 24e - All Other Expenses (continued)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Meals & Entertainment	\$ 1,248	\$ 936	\$ 312	\$
Security System	1,208	906	302	
Miscellaneous	507		507	
East Village Projects	500	500		
Travel	439		439	
Licenses & Permits	402		402	
Awards and Trophies	217		217	
R&M - Home Program	182	182		
Deconstruction Expense	126	126		
Application Expense	75		75	
Taxes - Other	25	25		
Warranty Expense	20	20		
Dedication Fees	5	5		
Amortization	-152,678	-152,678		
Total	\$ <u>99,231</u>	\$ <u>26,489</u>	\$ <u>68,626</u>	\$ <u>4,116</u>

## Federal Statements

### Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
Non-Government Grants	\$ 11,393
Contributions	11,765
Gifts In-Kind	50,284
Deconstruction Donations	1,000
Fundraising	4,750
Car donor Program	2,172
Christmas Donation	2,600
HFHI - Gifts to Affiliates	356
Braswell Trust	
Cash Contribution	150,000
Pee Dee Electric	
Cash Contribution	5,000
City of Monroe	
Cash Contribution	22,500
Elevation Church	
Cash Contribution	35,000
First Presbyterian Church	
Cash Contribution	5,000
National Philanthropic Trust Fund	
Cash Contribution	40,000
NCHF	
Cash Contribution	100,000
Publix Supermarket	
Cash Contribution	6,500
Dan Rush	
Cash Contribution	10,500
Leon Levine Foundation	
Cash Contribution	20,000
Taylor Family Foundation	
Cash Contribution	5,000
Town of Cheraw	
Free use of Facility	76,600
Union County Association of Realtors	
Cash Contribution	5,000
United Way of Central Carolina	
Cash Contribution	30,490
University of Pittsburgh	
Cash Contribution	5,000

## Federal Statements

### Schedule A, Part III, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
Lowes	\$
Lowes Donation	
Quoizel, Inc.	
Quisell Lighting - Light Fixture	
Golf Tourny	
Cash Contribution	12,109
Total	<u>\$ 613,019</u>

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

<u>Description</u>	<u>Amount</u>
Application Fee Income	\$ 375
Transfers to Homeowners	692,000
Late Payment Fees	2,398
Store Income	1,550,994
Lot Sales	22,692
Income - Monroe BiLo	87,509
Recycling	7,624
Miscellaneous Income	19,023
Insurance Proceeds	30,000
HOA Income - Gulf Bay Estates	180
Golf Tourny	6,650
Total	<u>\$ 2,419,445</u>

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

<u>Description</u>	<u>Amount</u>
East Village Development	\$ 9,445
106 Prosperity	6,075
Total	<u>\$ 15,520</u>