

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 20 20

2019

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization Union-Anson County Habitat for Huma	Employer identification number 56-1704668
Name and title of officer Mike Reece Executive Director	

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,971,801</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Moyer, Smith & Roller, P.A., CPA's to enter my PIN 69109 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶ _____ Date ▶ 01/29/21

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.

56621252525
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ 01/29/21

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

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

C Name of organization
 Union-Anson County Habitat for Huma
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 PO Box 1688
 City or town, state or province, country, and ZIP or foreign postal code
 Monroe NC 28111

D Employer identification number
 56-1704668

E Telephone number
 704-296-9414

G Gross receipts \$ 3,100,133

F Name and address of principal officer:
 Mike Reece
 PO Box 1688
 Monroe NC 28111

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

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

J Website: ▶ www.unionhabitat.org **H(e)** Group exemption number ▶ 8545

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide affordable housing for low income families.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 28
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 39	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 616,419 Current Year 1,036,463
	9 Program service revenue (Part VIII, line 2g)	2,010,762 1,824,448
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,772 90,668
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,024 20,222
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,686,977 2,971,801
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	779,103 801,890
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,524	2,321,564 1,427,434
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,100,667 2,229,324	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-413,690 742,477	
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year 4,931,010 End of Year 5,757,481	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,906,105 1,990,099
	21 Total liabilities (Part X, line 26)	3,024,905 3,767,382
	22 Net assets or fund balances. Subtract line 21 from line 20	

Part II Signature Block

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

Sign Here

Signature of officer: Mike Reece Date: _____
 Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: THOMAS M. MOYER, III Preparer's signature: _____ Date: 02/09/21 Check if self-employed PTIN: P00052525

Firm's name: Moyer, Smith & Roller, P.A., CPA's Firm's EIN: 56-1679377
 2213 Commerce Drive, Suite A
 Firm's address: Monroe, NC 28110 Phone no.: 704-283-7748

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To provide affordable housing for low income families.

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

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

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

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

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

4a (Code:) (Expenses \$ **1,823,008** including grants of \$) (Revenue \$ **1,678,601**)

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

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

N/A

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

N/A

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

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

4e Total program service expenses **1,823,008**

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			16
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	28	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

		Yes	No
1a	12		
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	12		
b Enter the number of voting members included on line 1a, above, who are independent			
2			X
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
4			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
6 Did the organization have members or stockholders?			
7a			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
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?			
8		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		X	
a The governing body?			
b		X	
b Each committee with authority to act on behalf of the governing body?			
9			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			

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

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

Section C. Disclosure

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

Mike Reece PO Box 1688
 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	18,482			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,017,981			
	g Noncash contributions included in lines 1a-1f	1g	\$ 542,054			
	h Total. Add lines 1a-1f		1,036,463			
	Program Service Revenue	2a Transfers to Homeowners	Business Code	921,250	921,250	
b Store Income			772,734	772,734		
c Gain on Foreclosure			124,504	124,504		
d Rental Income			28,725	28,725		
e Second Mortgage Income			10,000	10,000		
f All other program service revenue			-32,765	-42,405		9,640
g Total. Add lines 2a-2f			1,824,448			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental Inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		219,000		
		7a				
		b Less: cost or other basis and sales exps.	7b		128,332	
	c Gain or (loss)	7c		90,668		
	d Net gain or (loss)			90,668	11,895	78,773
8a Gross Income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	8a	8,067				
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events			8,067			
9a Gross Income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a Miscellaneous Income	Business Code	7,527	7,527		
	b Recycling		2,832	2,832		
	c Other		1,676	1,676		
	d All other revenue		120	120		
	e Total. Add lines 11a-11d		12,155			
	12 Total revenue. See instructions		2,971,801	1,838,858	0	88,413

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	743,855	557,891	185,964	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	58,035	43,526	14,509	
11 Fees for services (nonemployees):				
a Management				
b Legal	204		204	
c Accounting	18,958		18,958	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,730		9,730	
12 Advertising and promotion	9,786		9,786	
13 Office expenses	13,967	670	13,297	
14 Information technology				
15 Royalties				
16 Occupancy	52,567	39,425	13,142	
17 Travel	49,763	37,322	12,441	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	-31		-31	
20 Interest	16,643		16,643	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,621	61,210	20,411	
23 Insurance	83,200	62,400	20,800	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Cost of Homes	798,426	798,426		
b URP	130,883	130,883		
c Cost of Goods Sold - Stor	107,776	107,776		
d Utilities	40,806	30,604	10,202	
e All other expenses	13,135	-47,125	57,736	2,524
25 Total functional expenses. Add lines 1 through 24e	2,229,324	1,823,008	403,792	2,524
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	53,208	1	83,537
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	54,409	4	80,826
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	279,590	7	266,486
	8 Inventories for sale or use	649,508	8	933,317
	9 Prepaid expenses and deferred charges	20,736	9	28,380
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,975,001		
	b Less: accumulated depreciation	10b 681,431	10c 1,792,137	2,293,570
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,081,422	15	2,071,365
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,931,010	16	5,757,481	
Liabilities	17 Accounts payable and accrued expenses	44,578	17	60,570
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,521,280	23	1,535,439
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	340,247	25	394,090
	26 Total liabilities. Add lines 17 through 25	1,906,105	26	1,990,099
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,850,596	27	3,564,170
	28 Net assets with donor restrictions	174,309	28	203,212
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,024,905	32	3,767,382	
33 Total liabilities and net assets/fund balances	4,931,010	33	5,757,481	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,971,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,229,324
3	Revenue less expenses. Subtract line 2 from line 1	3	742,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,024,905
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,767,382

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Federal Statements

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

Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
2012 Dodge Ram 1500	2/15/18	100.00	\$ 13,539	\$ 13,539	5.0	S/L-HY	\$ 2,708	\$
2012 Dodge Ram 1500 (Donated Portion)	2/15/18	100.00	3,130	3,130	5.0	S/L-HY	626	
2004 Sterling LT 7500	4/24/18	100.00	35,075	35,075	5.0	S/L-HY	3,507	
2007 Titan Truck - Nissan	11/04/19	100.00	9,970	9,970	5.0	S/L-HY	997	
2008 Ford F150	11/25/19	100.00	13,394	13,394	5.0	S/L-HY	1,339	
Total			\$ 75,108	\$ 75,108			\$ 9,177	\$ 0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Union-Anson County Habitat for Huma

Employer identification number

56-1704668

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	612,602	445,834	925,075	616,419	1,036,463	3,636,393
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	797,970	756,000	1,013,835	2,031,555	1,835,030	6,434,390
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,106,374	913,277	915,721	9,300		2,944,672
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,516,946	2,115,111	2,854,631	2,657,274	2,871,493	13,015,455
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						13,015,455

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	2,516,946	2,115,111	2,854,631	2,657,274	2,871,493	13,015,455
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				15,095	9,640	24,735
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	4,833					4,833
c Add lines 10a and 10b	4,833			15,095	9,640	29,568
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,521,779	2,115,111	2,854,631	2,672,369	2,881,133	13,045,023
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.77 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.83 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Schedule of Contributors

OMB No. 1545-0047

2019

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Employer identification number

Union-Anson County Habitat for Huma

56-1704668

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way of Central Carolina 301 S Brevard Street Charlotte NC 28202	\$ 9,323	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Braswell Trust 300 East Wade Street Wadesboro NC 28170	\$ 125,598	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NCHF PO Box 28066 Raleigh NC 27611	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Dan Rush 9215 Clerkenwell Drive Waxhaw NC 28173	\$ 56,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	John Martin 229 Marmack 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.)
6	Publix Supermarket 5132 Old Charlotte Highway Monroe NC 28110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Union-Anson County Habitat for Huma

56-1704668

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	City of Monroe 300 W Crowell Street Monroe NC 28112	\$ 12,682	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CertainTeed Corporation 20 Moores Road Malvern PA 19355	\$ 22,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	Cannon Foundation 52 Spring St NW Concord NC 28025	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Leon Levine Foundation 6000 Fairview Rd Suite 1525 Charlotte NC 28210	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	National Philanthropic Trust Fund 165 Township Line Road, Suite 1200 Jenkintown PA 19046	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Raymond James Charitable Trust PO Box 23559 St. Petersburg FL 33742	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Union-Anson County Habitat for Huma

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
8	Shingles	\$ 22,500	

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

2019

Open to Public Inspection

Name of the organization: Union-Anson County Habitat for Huma; Employer identification number: 56-1704668

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with columns (a) Donor advised funds and (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for donor advisement questions.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

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

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,758		22,758
b Buildings		2,707,307	535,185	2,172,122
c Leasehold improvements				
d Equipment		244,936	146,246	98,690
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,293,570

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Mortgages Receivable	1,764,815
(2) Repossessed Homes	163,000
(3) NR Janna Wellman	48,830
(4) Lots Held for Sale	47,301
(5) Due from Michigan Fund	21,778
(6) N/R Renee Williams	19,331
(7) Sales Tax Receivable	6,310
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,071,365

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred Revenue - In Kind Rent from	354,274
(3) Credit Cards	20,069
(4) Accrued Vacation Payable	17,315
(5) Salaries Payable	5,543
(6) House Deposits	5,172
(7) Payroll Liabilities	438
(8) Escrow Accounts	-8,721
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	394,090

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Name of the organization

Union-Anson County Habitat for Huma

Employer identification number

56-1704668

Part I Types of Property

	(a) Check if 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 ▶ ()	X	3	542,054	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

Union-Anson County Habitat for Huma

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**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Name(s) shown on return

Union-Anson County Habitat for Huma

Identifying number

56-1704668

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see Instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see Instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see Instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	72,444

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	9,177
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	81,621
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

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

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

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

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25				
26 Property used more than 50% in a qualified business use:											
See Statement 1											
		%	75,108	75,108			9,177				
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	9,177			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29				

Section B—Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
1	1 Office Equipment	1/01/94	1,393			1,393	7	HY S/L	1,393	0
2	1 Office Equipment	3/01/96	1,307			1,307	7	HY S/L	1,307	0
3	1 Computer	1/13/98	2,773			2,773	5	HY S/L	2,773	0
4	1 Office Equipmetn	1/01/95	951			951	7	HY S/L	951	0
5	Fire Proof File cabinet	1/11/99	371			371	7	HY S/L	371	0
6	Phone Tree	6/21/00	855			855	5	HY S/L	855	0
7	Accupointe Software	7/26/01	741			741	3	HY S/L	741	0
8	AC Unit for General Store	6/20/03	1,850			1,850	7	HY S/L	1,850	0
11	Trailer	1/12/02	3,000			3,000	5	HY S/L	3,000	0
12	Computer Equipment	12/13/02	2,700			2,700	5	HY S/L	2,700	0
13	Copy Equipoment	3/14/03	900			900	5	HY S/L	900	0
14	Telephone System	12/31/03	1,275			1,275	5	HY S/L	1,275	0
15	Forklift	11/10/04	3,800			3,800	7	HY S/L	3,800	0
18	Building 3 - Hwy 74	9/29/05	664,923			664,923	39	HY S/L	237,739	17,049
19	Trailer	8/25/05	250			250	5	HY S/L	250	0
20	2007 Building Improvement	6/30/07	138,701			138,701	39	HY S/L	42,674	3,557
22	Furniture-Family Dollar	7/19/06	11,600			11,600	7	HY S/L	11,600	0
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	10,292	895
27	2009 Restore roof expansion	12/31/08	113,482			113,482	39	HY S/L	30,554	2,910
30	Building - Old Charlotte	3/31/10	488,379			488,379	39	HY S/L	115,836	12,522
31	2010 Restore Roof Expansion	12/31/09	10,309			10,309	39	HY S/L	2,510	264
32	(1) Dell Laptop PC	10/09/09	754			754	5	HY S/L	754	0
33	(1) Dell Laptop PC	10/09/09	754			754	5	HY S/L	754	0
34	Baler	10/01/09	11,500			11,500	7	HY S/L	11,500	0
35	Village Park	5/27/11	320,000			320,000	39	HY S/L	66,325	4,102
	Mass Out of Service: 2/10/20									
36	Improvements - Old Charlotte	11/23/10	58,596			58,596	39	HY S/L	12,894	752
	Mass Out of Service: 2/10/20									
37	Fence - Restore	2/10/11	2,673			2,673	15	HY S/L	1,499	178
38	Sinage - Restore	3/30/11	9,300			9,300	15	HY S/L	5,115	620
39	2 Dell Laptops	10/08/10	1,336			1,336	5	HY S/L	1,336	0
40	Forklifts	1/26/11	3,800			3,800	7	HY S/L	3,800	0
41	Improvement - Village Park	2/17/12	60,763			60,763	39	HY S/L	11,425	1,558
42	Riding Lawnmower	5/11/12	900			900	7	HY S/L	900	0
43	Forklift	6/28/12	1,600			1,600	7	HY S/L	1,600	0
45	2 recycling Bins	2/14/12	5,000			5,000	7	HY S/L	5,000	0
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	1,112	193
55	ReStore Lighting Project	12/26/13	5,294			5,294	15	HY S/L	1,941	353
56	New Side Doors	1/31/14	3,000			3,000	15	HY S/L	1,083	200
57	SC ReStore Lighting Project	12/30/13	9,574			9,574	15	HY S/L	3,510	319
	Mass Out of Service: 2/10/20									
58	Retail Adv Display	6/30/14	900			900	7	HY S/L	643	128
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	4,397	977
62	2 Sets of Doors-Cheraw	12/15/15	4,500			4,500	15	HY S/L	1,050	150
	Mass Out of Service: 2/10/20									
63	Restore Cheraw FYE 6/16 Improvements	6/30/16	2,801			2,801	39	HY S/L	251	36
	Mass Out of Service: 2/10/20									
64	Forklift from CBS Forklift	9/24/15	5,000			5,000	7	HY S/L	2,500	714
65	2004 Ford Extended Cab	7/27/15	8,000			8,000	5	HY S/L	5,600	1,600
66	2012 Ford Penske Truck	12/14/15	18,049			18,049	5	HY S/L	12,634	3,610
67	Anson County Restore Improvements	6/30/16	70,368			70,368	39	HY S/L	6,315	1,804
68	Restore Frontage Land Donation	2/25/16	275			275	0	-- Land	0	0
69	Hwy 74 Restore Lot Paving	11/07/16	34,350			34,350	15	HY S/L	5,725	2,290
70	HVAC Coil Replacement-74 Restore	8/04/16	8,920			8,920	15	HY S/L	1,487	594
75	2001 Kubota M5500	4/24/18	20,075			20,075	10	HY S/L	3,011	1,004
	Mass Sale: 12/09/19									
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850			5,850	10	HY S/L	878	585
78	514 Hasty St. Lot 1 - Land	3/16/17	13,615			13,615	0	-- Land	0	0
79	514 Hasty St. Lot 1 - House	3/16/17	71,146			71,146	40	HY S/L	4,447	1,778
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	6,927	1,539
82	415 Griffith Rd - Land	11/09/17	7,140			7,140	0	-- Land	0	0
	Mass Sale: 11/26/19									
83	415 Griffith Rd - House	11/09/17	77,360			77,360	40	HY S/L	2,901	967

56-1704668

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Mass Sale: 11/26/19									
85	2014 International Rec'd for #44	1/31/19	35,827			35,827	5 HY S/L	3,583	7,165
88	Dell Computer	5/05/02	896			896	10 HY S/L	0	90
89	Kubota B26TTLB 60" Loader & 24" Backhoe	4/20/20	34,810			34,810	10 HY S/L	0	1,741
90	Glass Front Doors - SC BiLo Bldg	6/30/20	10,000			10,000	0 -- Memo	0	0
91	Forklift for BiLo Bldg	2/28/20	4,000			4,000	10 HY S/L	0	200
92	AC - BiLo Bldg	6/30/20	16,175			16,175	40 -- Memo	0	0
93	Steel Doors BiLo Bldg	6/30/20	1,404			1,404	10 -- Memo	0	0
94	Roof - BiLo Bldg	6/30/20	138,170			138,170	40 -- Memo	0	0
95	Lighting - BiLo Bldg	6/30/20	30,757			30,757	40 -- Memo	0	0
96	Fence with Gate	6/30/20	11,000			11,000	20 -- Memo	0	0
98	Drywall - BiLo Bldg	6/30/20	7,202			7,202	0 -- Memo	0	0
99	Bi-Lo Building Improvements	6/30/20	21,094			21,094	40 -- Memo	0	0
100	516 N. Secrest	12/18/19	163,000			163,000	0 -- Memo	0	0
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/10/20	708,000			708,000	40 -- Memo	0	0
102	Ford Escape	7/01/19	0			0	0 -- Memo	0	0
Sold/Scrapped: 7/01/19									
Total Other Depreciation			<u>3,598,012</u>			<u>3,598,012</u>		<u>695,587</u>	<u>72,444</u>
Total ACRS and Other Depreciation			<u>3,598,012</u>			<u>3,598,012</u>		<u>695,587</u>	<u>72,444</u>
Listed Property:									
73	2012 Dodge Ram 1500	2/15/18	13,539			13,539	5 HY S/L	4,062	2,708
74	2012 Dodge Ram 1500 (Donated Portion)	2/15/18	3,130			3,130	5 HY S/L	939	626
76	2004 Sterling LT 7500	4/24/18	35,075			35,075	5 HY S/L	10,523	3,507
Mass Sale: 12/09/19									
86	2007 Titan Truck - Nissan	11/04/19	9,970			9,970	5 HY S/L	0	997
87	2008 Ford F150	11/25/19	13,394			13,394	5 HY S/L	0	1,339
			<u>75,108</u>			<u>75,108</u>		<u>15,524</u>	<u>9,177</u>
Grand Totals			3,673,120			3,673,120		711,111	81,621
Less: Dispositions and Transfers			139,650			139,650		16,435	5,478
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,533,470</u>			<u>3,533,470</u>		<u>694,676</u>	<u>76,143</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Non-Residential Real Property:									
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/10/20	708,000			708,000	39 MMS/L	0	6,808
			<u>708,000</u>			<u>708,000</u>		<u>0</u>	<u>6,808</u>
Prior MACRS:									
11	Trailer	1/12/02	3,000		X	2,100	5 HY 200DB	3,000	0
19	Trailer	8/25/05	250			250	5 HY 150DB	250	0
23	53' Trailer	5/16/07	3,000			3,000	5 HY 150DB	3,000	0
75	2001 Kubota M5500	4/24/18	20,075			20,075	5 MQ 150DB	6,549	1,522
	Mass Sale: 12/09/19								
77	New A/C 3702 Old Ctt. Hwy.	1/09/18	5,850		X	0	5 MQ 200DB	5,850	0
			<u>32,175</u>			<u>25,425</u>		<u>18,649</u>	<u>1,522</u>
Other Depreciation:									
1	1 Office Equipment	1/01/94	0			0	0 HY	0	0
2	1 Office Equipment	3/01/96	0			0	0 HY	0	0
3	1 Computer	1/13/98	0			0	0 HY	0	0
4	1 Office Equipmtn	1/01/95	0			0	0 HY	0	0
5	Fire Proof File cabinet	1/11/99	0			0	0 HY	0	0
6	Phone Tree	6/21/00	0			0	0 HY	0	0
7	Accupointe Software	7/26/01	0			0	0 HY	0	0
8	AC Unit for General Store	6/20/03	0			0	0 HY	0	0
12	Computer Equipment	12/13/02	0			0	0 HY	0	0
13	Copy Equipoment	3/14/03	0			0	0 HY	0	0
14	Telephone System	12/31/03	0			0	0 HY	0	0
15	Forklift	11/10/04	0			0	0 HY	0	0
18	Building 3 - Hwy 74	9/29/05	0			0	0 HY	0	0
20	2007 Building Improvement	6/30/07	0			0	0 HY	0	0
22	Furniture-Family Dollar	7/19/06	0			0	0 HY	0	0
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
35	Village Park	5/27/11	0			0	0 HY	0	0
	Mass Out of Service: 2/10/20								
36	Improvements - Old Charlotte	11/23/10	0			0	0 HY	0	0
	Mass Out of Service: 2/10/20								
37	Fence - Restore	2/10/11	0			0	0 HY	0	0
38	Sinage - Restore	3/30/11	0			0	0 HY	0	0
39	2 Dell Laptops	10/08/10	0			0	0 HY	0	0
40	Forklifts	1/26/11	0			0	0 HY	0	0
41	Improvement - Village Park	2/17/12	0			0	0 HY	0	0
42	Riding Lawnmower	5/11/12	0			0	0 HY	0	0
43	Forklift	6/28/12	0			0	0 HY	0	0
45	2 recycling Bins	2/14/12	0			0	0 HY	0	0
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
57	SC ReStore Lighting Project	12/30/13	0			0	0 HY	0	0
	Mass Out of Service: 2/10/20								
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
62	2 Sets of Doors-Cheraw	12/15/15	0			0	0 HY	0	0
	Mass Out of Service: 2/10/20								
63	Restore Cheraw FYE 6/16 Improvements	6/30/16	0			0	0 HY	0	0
	Mass Out of Service: 2/10/20								
64	Forklift from CBS Forklift	9/24/15	0			0	0 HY	0	0
65	2004 Ford Extended Cab	7/27/15	0			0	0 HY	0	0
66	2012 Ford Penske Truck	12/14/15	0			0	0 HY	0	0
67	Anson County Restore Improvements	6/30/16	0			0	0 HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
68	Restore Frontage Land Donation	2/25/16	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
78	514 Hasty St. Lot 1 - Land	3/16/17	13,615			13,615	0	-- Land	0	0
79	514 Hasty St. Lot 1 - House	3/16/17	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
82	415 Griffith Rd - Land	11/09/17	7,140			7,140	0	-- Land	0	0
	Mass Sale: 11/26/19									
83	415 Griffith Rd - House	11/09/17	77,360			77,360	40	HY S/L	2,901	967
	Mass Sale: 11/26/19									
85	2014 International Rec'd for #44	1/31/19	0			0	0	HY	0	0
88	Dell Computer	5/05/02	0			0	0	HY	0	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	0			0	0	HY	0	0
90	Glass Front Doors - SC BiLo Bldg	6/30/20	0			0	0	HY	0	0
91	Forklift for BiLo Bldg	2/28/20	0			0	0	HY	0	0
92	AC - BiLo Bldg	6/30/20	0			0	0	HY	0	0
93	Steel Doors BiLo Bldg	6/30/20	0			0	0	HY	0	0
94	Roof - BiLo Bldg	6/30/20	0			0	0	HY	0	0
95	Lighting - BiLo Bldg	6/30/20	0			0	0	HY	0	0
96	Fence with Gate	6/30/20	0			0	0	HY	0	0
98	Drywall - BiLo Bldg	6/30/20	0			0	0	HY	0	0
99	Bi-Lo Building Improvements	6/30/20	21,094			21,094	39	-- Memo	0	0
100	516 N. Secrest	12/18/19	0			0	0	HY	0	0
102	Ford Escape	7/01/19	0			0	0	HY	0	0
	Sold/Scrapped: 7/01/19									
	Total Other Depreciation		<u>128,077</u>			<u>128,077</u>			<u>2,901</u>	<u>967</u>
	Total ACRS and Other Depreciation		<u>128,077</u>			<u>128,077</u>			<u>2,901</u>	<u>967</u>
Listed Property:										
73	2012 Dodge Ram 1500	2/15/18	13,539		X	0	5	MQ200DB	13,539	0
74	2012 Dodge Ram 1500 (Donated Portion)	2/15/18	3,130		X	0	5	MQ200DB	3,130	0
76	2004 Sterling LT 7500	4/24/18	35,075		X	17,075	5	MQ200DB	24,830	1,537
	Mass Sale: 12/09/19									
86	2007 Titan Truck - Nissan	11/04/19	0			0	0	HY	0	0
87	2008 Ford F150	11/25/19	0			0	0	HY	0	0
			<u>51,744</u>			<u>17,075</u>			<u>41,499</u>	<u>1,537</u>
	Grand Totals		919,996			878,577			63,049	10,834
	Less: Dispositions and Transfers		139,650			121,650			34,280	4,026
	Net Grand Totals		<u>780,346</u>			<u>756,927</u>			<u>28,769</u>	<u>6,808</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
Other Depreciation:					
1	1 Office Equipment	1/01/94	1,393	0	0
2	1 Office Equipment	3/01/96	1,307	0	0
3	1 Computer	1/13/98	2,773	0	0
4	1 Office Equipmetn	1/01/95	951	0	0
5	Fire Proof File cabinet	1/11/99	371	0	0
6	Phone Tree	6/21/00	855	0	0
7	Accupointe Software	7/26/01	741	0	0
8	AC Unit for General Store	6/20/03	1,850	0	0
11	Trailer	1/12/02	3,000	0	0
12	Computer Equipment	12/13/02	2,700	0	0
13	Copy Equipoment	3/14/03	900	0	0
14	Telephone System	12/31/03	1,275	0	0
15	Forklift	11/10/04	3,800	0	0
18	Building 3 - Hwy 74	9/29/05	664,923	17,049	0
19	Trailer	8/25/05	250	0	0
20	2007 Building Improvement	6/30/07	138,701	3,556	0
22	Furniture-Family Dollar	7/19/06	11,600	0	0
23	53' Trailer	5/16/07	3,000	0	0
25	Sinage - Brands Building	12/10/07	13,424	895	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
34	Baler	10/01/09	11,500	0	0
35	Village Park	5/27/11	320,000	0	0
36	Improvements - Old Charlotte	11/23/10	58,596	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
41	Improvement - Village Park	2/17/12	60,763	1,558	0
42	Riding Lawnmower	5/11/12	900	0	0
43	Forklift	6/28/12	1,600	0	0
45	2 recycling Bins	2/14/12	5,000	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
57	SC ReStore Lighting Project	12/30/13	9,574	0	0
58	Retail Adv Display	6/30/14	900	129	0
59	Small tools - Anson	6/30/14	1,019	0	0
60	Forklift	6/22/15	6,840	977	0
62	2 Sets of Doors-Cheraw	12/15/15	4,500	0	0
63	Restore Cheraw FYE 6/16 Improvements	6/30/16	2,801	0	0
64	Forklift from CBS Forklift	9/24/15	5,000	715	0
65	2004 Ford Extended Cab	7/27/15	8,000	800	0
66	2012 Ford Penske Truck	12/14/15	18,049	1,805	0
67	Anson County Restore Improvements	6/30/16	70,368	1,805	0
68	Restore Frontage Land Donation	2/25/16	275	0	0
69	Hwy 74 Restore Lot Paving	11/07/16	34,350	2,290	0
70	HVAC Coil Replacement-74 Restore	8/04/16	8,920	595	0
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850	585	0
78	514 Hasty St. Lot 1 - Land	3/16/17	13,615	0	0
79	514 Hasty St. Lot 1 - House	3/16/17	71,146	1,779	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	7,166	0
88	Dell Computer	5/05/02	896	89	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810	3,481	0
90	Glass Front Doors - SC BiLo Bldg	6/30/20	10,000	0	0
91	Forklift for BiLo Bldg	2/28/20	4,000	400	0
92	AC - BiLo Bldg	6/30/20	16,175	0	0
93	Steel Doors BiLo Bldg	6/30/20	1,404	0	0
94	Roof - BiLo Bldg	6/30/20	138,170	0	0
95	Lighting - BiLo Bldg	6/30/20	30,757	0	0

Future Depreciation Report **FYE: 6/30/21**

Asset	Description	Date In Service	Cost	Tax	AMT
96	Fence with Gate	6/30/20	11,000	0	0
98	Drywall - BiLo Bldg	6/30/20	7,202	0	0
99	Bi-Lo Building Improvements	6/30/20	21,094	0	0
100	516 N. Secrest	12/18/19	163,000	0	0
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield Hwy	2/10/20	708,000	0	18,154
Total Other Depreciation			3,493,437	64,455	18,154
Total ACRS and Other Depreciation			3,493,437	64,455	18,154

Listed Property:

73	2012 Dodge Ram 1500	2/15/18	13,539	2,707	0
74	2012 Dodge Ram 1500 (Donated Portion)	2/15/18	3,130	626	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
			40,033	8,006	0
Grand Totals			3,533,470	72,461	18,154

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		

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

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	578,397	1,017,981	439,584
	2. Membership dues and assessments			
	3. Government contributions and grants	38,022	18,482	-19,540
	4. Program service revenue	2,010,762	1,824,448	-186,314
	5. Investment income	164		-164
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	14,608	90,668	76,060
	8. Net income or (loss) from fundraising events	19,481	8,067	-11,414
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	25,543	12,155	-13,388
	12. Total revenue. Add lines 1 through 11	2,686,977	2,971,801	284,824
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	779,103	801,890	22,787
	17. Professional fundraising fees			
	18. Other professional fees	19,058	28,892	9,834
	19. Occupancy, rent, utilities, and maintenance	19,800	52,567	32,767
	20. Depreciation and Depletion	89,014	81,621	-7,393
	21. Other expenses	2,193,692	1,264,354	-929,338
	22. Total expenses. Add lines 13 through 21	3,100,667	2,229,324	-871,343
	23. Excess or (Deficit). Subtract line 22 from line 12	-413,690	742,477	1,156,167
Other Information	24. Total exempt revenue	2,686,977	2,971,801	284,824
	25. Total unrelated revenue			
	26. Total excludable revenue	2,051,077	1,927,271	-123,806
	27. Total assets	4,931,010	5,757,481	826,471
	28. Total liabilities	1,906,105	1,990,099	83,994
	29. Retained earnings	3,024,905	3,767,382	742,477
	30. Number of voting members of governing body	12	12	
	31. Number of Independent voting members of governing body	12	12	
	32. Number of employees	32	28	
	33. Number of volunteers			

Form 990	Tax Return History	2019
Name Union-Anson County Habitat for Huma		Employer Identification Number 56-1704668

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	612,602	445,834	925,075	616,419	1,036,463	
Membership dues						
Program service revenue	797,970	756,000	1,003,000	2,010,762	1,824,448	
Capital gain or loss	4,833		-1,020	14,608	90,668	
Investment income				164		
Fundraising revenue (income/loss)	936,567			19,481	8,067	
Gaming revenue (income/loss)						
Other revenue	164,974	913,277	926,556	25,543	12,155	
Total revenue	2,516,946	2,115,111	2,853,611	2,686,977	2,971,801	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	673,259	698,751	730,329	779,103	801,890	
Professional fees	29,378	39,314	27,126	19,058	28,892	
Occupancy costs				19,800	52,567	
Depreciation and depletion	79,180	77,344	88,445	89,014	81,621	
Other expenses	1,382,236	1,396,260	1,605,370	2,193,692	1,264,354	
Total expenses	2,164,053	2,211,669	2,451,270	3,100,667	2,229,324	
Excess or (Deficit)	352,893	-96,558	402,341	-413,690	742,477	
Total exempt revenue	2,516,946	2,115,111	2,853,611	2,686,977	2,971,801	
Total unrelated revenue						
Total excludable revenue	967,777	1,669,277	1,928,536	2,051,077	1,927,271	
Total Assets	4,772,847	4,781,403	5,619,204	4,931,010	5,757,481	
Total Liabilities	1,468,004	1,573,118	1,863,096	1,906,105	1,990,099	
Net Fund Balances	3,304,843	3,208,285	3,756,108	3,024,905	3,767,382	

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	\$ 350		350	
Contract Services	9,380		9,380	
Total	\$ 9,730	0	9,730	0

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank Charges	\$ 32,783		\$ 32,783	\$
Donations	21,288	21,288		
Home Construction Costs	21,223	21,223		
Store Expense	17,361	13,021	4,340	
Telephone	13,192	9,894	3,298	
R&M and Utilities	8,733	8,733		
R&M and Utilities	7,302	7,302		
Repairs	6,312		6,312	
Tools	5,626			
Meals & Entertainment	4,993	3,745	1,248	
Miscellaneous Expense	4,691		4,691	
Duke Engery SC Hurricane	3,972	3,972		
Property Taxes - Unused L	3,167	3,167		
Dues & Subscriptions	2,424		2,424	
Golf Tournament Expenses	2,182			2,182
City of Monroe Porject Ex	1,741	1,741		
Application Expense	1,478		1,478	
Fridge/Range	1,054	1,054		
Security System	1,010			
Licenses & Permits	794		253	
Equipment Rental	400		794	
R&M and Utilities	356	400		
Fundraising Expenses	342			342
Rental House Expenses	231	231		
Taxes - Other	122	122		
Awards and Trophies	115		115	
Building Volunteer Expenses	55			
R&M - Home Program	-3,158	-3,158		
Amortization	-146,654	-146,654		
Total	\$ 13,135	\$ -47,125	\$ 57,736	\$ 2,524

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Governmental Grants	\$ 5,800
Non-Government Grants	12,040
Contributions	33,273
Gifts In-Kind	400,634
Christmas Donation	3,970
Deconstruction Donations	3,500
Building Swap	118,920
Collegiate Challenge	7,200
Fundraising	23
United Way of Central Carolina	
Cash Contribution	9,323
Braswell Trust	
Cash Contribution	125,598
NCHF	
Cash Contribution	150,000
Dan Rush	
Cash Contribution	56,000
John Martin	
Cash Contribution	8,000
Publix Supermarket	
Cash Contribution	5,000
City of Monroe	
Cash Contribution	12,682
CertainFeed Corporation	
Shingles	
Cannon Foundation	
Cash Contribution	22,500
Leon Levine Foundation	
Cash Contribution	30,000
National Philanthropic Trust Fund	
Cash Contribution	10,000
Raymond James Charitable Trust	
Cash Contribution	20,000
Total	5,000
	<u>\$ 1,036,463</u>

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
Application Fee Income	\$ 475
Transfers to Homeowners	921,250
Late Payment Fees	3,275
Store Income	772,734
Rental Income	28,725
Inventory Sales	1,000
Second Mortgage Income	10,000
Gain on Foreclosure	124,504
Lot Sales	-47,155
Recycling	2,832
Miscellaneous Income	7,527
Other	1,676
HOA Income - Gulf Bay Estates	120
Golf Tourney	8,067
Total	<u>\$ 1,835,030</u>

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

Description	Amount
106 Prosperity	\$ 5,640
415 Griffith	2,700
514 Hasty	1,300
516 N. Secrest	<u>9,640</u>
Total	<u>\$ 9,640</u>