

## Forms 990 / 990-EZ Return Summary

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

\*\*-\*\*\*4668

### Union-Anson County Habitat for Huma

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>1,956,820</u>
<b>Revenue</b>		
Contributions	_____	
Program service revenue	_____	
Investment income	_____	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>0</u>	
<b>Total revenue</b>	_____	
<b>Expenses</b>		
Program services	<u>123,200</u>	
Management and general	<u>38,772</u>	
Fundraising	_____	
<b>Total expenses</b>	<u>161,972</u>	
<b>Excess / (deficit)</b>		<u>-161,972</u>
Changes		_____
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>1,794,848</u></u>

<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>_____</u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>161,972</u>

	<b>Balance Sheet</b>		
	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>1,956,820</u>	<u>4,734,852</u>	
Liabilities	_____	_____	
Net assets	<u>1,956,820</u>	<u>1,794,848</u>	<u>-161,972</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date 11/17/25

Failure to file penalty \_\_\_\_\_

Form **8453-TE**

# Tax Exempt Entity Declaration and Signature for E-file

OMB No. 1545-0047

For calendar year 2024, or tax year beginning 07/01/24, and ending 06/30/25  
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

# 2024

Department of the Treasury  
Internal Revenue Service

Name of filer

EIN or SSN

**Union-Anson County Habitat for Huma**

**\*\* - \*\*\*4668**

## Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>0</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

## Part II Declaration of Officer or Person Subject to Tax

**11a**  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**b**  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign** \_\_\_\_\_ **05/06/25** **Executive Director**  
**Here** Signature of officer or person subject to tax Date Title, if applicable

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	<b>MDI Tax &amp; Accounting</b> <b>2213 Commerce Drive Monroe NC 28110</b>	<b>05/06/25</b>		<b>*****</b> EIN <b>** - ***2392</b> Phone no. <b>704-283-7748</b>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

Form **8453-TE** (2024)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2024**

Do not enter social security numbers on this form as it may be made public.

**Open to Public Inspection**

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

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

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

**C Name of organization**  
**Union-Anson County Habitat for Huma**

Doing business as

**Room and street (or P.O. box if mail is not delivered to street address)**  
**PO Box 1688**

**Room/suite**

**City or town, state or province, country, and ZIP or foreign postal code**  
**Monroe NC 28111**

**D Employer identification number**  
**\*\* - \*\*\* 4668**

**E Telephone number**  
**704-296-9414**

**F Name and address of principal officer:**  
**Keturah Key**  
**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

**G Gross receipts \$**

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

**J Website:** **www.unionhabitat.org**

**H(c) Group exemption number** **8545**

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **1990** **M State of legal domicile:** **NC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To provide affordable housing for low income families.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>0</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>0</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>104,401</b>	<b>161,972</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>104,401</b>	<b>161,972</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-104,401</b>	<b>-161,972</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,956,820</b>	<b>4,734,852</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>0</b>	<b>0</b>
		<b>1,956,820</b>	<b>4,734,852</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **Keturah Key** Date: \_\_\_\_\_

Executive Director

Type or print name and title

**Paid Preparer Use Only**

Preparer's name: **Thomas M. Moyer III, CPA** Preparer's signature: \_\_\_\_\_ Date: **05/06/25** Check  if self-employed PTIN: **\*\*\*\*\***

Firm's name: **MDI Tax & Accounting** Firm's EIN: **\*\* - \*\*\* 2392**

Firm's address: **2213 Commerce Drive** Phone no.: **704-283-7748**

**Monroe, NC 28110**

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

**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 \$ **101,340** including grants of \$ ) (Revenue \$ )  
**To build, renovate, or preserve homes at affordable prices for low income families. Single family dwellings are built by volunteers and sold to selected families at a minimum price.**

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

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ **21,860** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **123,200**

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

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

**Section A. Governing Body and Management**

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

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

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

**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.

**Keturah Key**  
**Monroe**

**PO Box 1688**

**NC 28110**

**704-296-9414**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Sidney Sandy</b> ..... Director	0.00 0.00	X						0	0	0
(13) <b>Sam Turner</b> ..... Director	0.00 0.00	X						0	0	0
(14) <b>Joe Weaver</b> ..... Director	0.00 0.00	X						0	0	0
(15) <b>L. Russell Wing</b> ..... Director	0.00 0.00	X						0	0	0
(16) <b>Jarvis Woodburn</b> ..... Director	0.00 0.00	X						0	0	0
(17) <b>Keturah Key</b> ..... Executive Director	0.00 0.00			X				0	0	0
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f					
	<b>Program Service Revenue</b>	<b>2a</b> .....				
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents		(i) Real	(ii) Personal		
		<b>6a</b>				
		<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		<b>7a</b>				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>			
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
		<b>8a</b>				
<b>b</b> Less: direct expenses		<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> .....					
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions		0	0	0	0	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>161,972</b>	<b>123,200</b>	<b>38,772</b>	
23 Insurance				
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				
b				
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>161,972</b>	<b>123,200</b>	<b>38,772</b>	<b>0</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing		<b>1</b>		
	<b>2</b> Savings and temporary cash investments		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net		<b>3</b>		
	<b>4</b> Accounts receivable, net		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>		
	<b>7</b> Notes and loans receivable, net		<b>7</b>		
	<b>8</b> Inventories for sale or use		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>5,454,564</b>			
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>719,712</b>	<b>1,956,820</b>	<b>10c</b> <b>4,734,852</b>	
	<b>11</b> Investments—publicly traded securities		<b>11</b>		
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>		
	<b>14</b> Intangible assets		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		<b>1,956,820</b>	<b>16</b>	<b>4,734,852</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>		
	<b>18</b> Grants payable		<b>18</b>		
	<b>19</b> Deferred revenue		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25		<b>0</b>	<b>26</b>	<b>0</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions		<b>4,473,406</b>	<b>27</b>	<b>1,794,848</b>
	<b>28</b> Net assets with donor restrictions			<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>30</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
<b>32</b> Total net assets or fund balances		<b>4,473,406</b>	<b>32</b>	<b>1,794,848</b>	
<b>33</b> Total liabilities and net assets/fund balances		<b>4,473,406</b>	<b>33</b>	<b>1,794,848</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>161,972</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-161,972</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,473,406</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,311,434</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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**Federal Statements**

FYE: 6/30/2025

**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	\$
2012 Chevy Pickup		8/31/20	100.00	13,038	13,038	5.0	S/L-HY	2,608	
2007 Titan Truck - Nissan		11/04/19	100.00	9,970	9,970	5.0	S/L-HY	997	
2008 Ford F150		11/25/19	100.00	13,394	13,394	5.0	S/L-HY	1,339	
2016 Chev. Silverado 1500		12/16/21	100.00	18,179	18,179	5.0	S/L-HY	3,636	
2011 Dodge Ram 1500		6/29/22	100.00	14,609	14,609	5.0	S/L-HY	2,921	
Total				\$ <u>82,729</u>	\$ <u>82,729</u>			\$ <u>11,501</u>	\$ <u>0</u>

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

**Union-Anson County Habitat for Huma**

Employer identification number

**\*\*-\*\*\*4668**

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,075,113	613,019	815,523			2,503,655
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,963,175	2,419,445	1,564,489			5,947,109
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3,038,288	3,032,464	2,380,012			8,450,764
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						8,450,764

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6	3,038,288	3,032,464	2,380,012			8,450,764
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,075	15,520	5,133			26,728
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	6,075	15,520	5,133			26,728
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,044,363	3,047,984	2,385,145			8,477,492
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

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

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

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**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.

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

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			



SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Union-Anson County Habitat for Huma

\*\*-\*\*\*4668

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 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 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items., 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.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

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

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

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

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

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

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

**Part V Endowment Funds**

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

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

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>31,651</b>		<b>31,651</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>5,422,913</b>	<b>719,712</b>	<b>4,703,201</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>4,734,852</b>

**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**Union-Anson County Habitat for Huma**

Employer identification number

**\*\*-\*\*\*4668**

**Form 990, Part VI - Additional Information**  
**990 presented to BOD prior to filing**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**  
**BOD review prior to filing.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**  
**Available upon request.**

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

**Present Value Amortization Adjustment** \$ 0

**ASC 842 Lease Adjustments, Net** \$ 0

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

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

Attach to your tax return.

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

OMB No. 1545-0172

# 2024

Attachment Sequence No. **179**

**Union-Anson County Habitat for Huma**

Identifying number

**\*\* - \*\*\*4668**

Business or activity to which this form relates

### Indirect Depreciation

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

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

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 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	143,578

#### 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 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

##### Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

##### Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

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

21	Listed property. Enter amount from line 28	21	11,501
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	155,079
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.

**Union-Anson County Habitat for Huma \*\*-\*\*\*4668**

**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.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>				
(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
<b>25</b> 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							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
<b>See Statement 1</b>								
		%	<b>82,729</b>	<b>82,729</b>			<b>11,501</b>	
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	<b>11,501</b>
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**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
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> 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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		<b>Yes</b>	<b>No</b>
<b>38</b> 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			<b>X</b>
<b>39</b> Do you treat all use of vehicles by employees as personal use?			<b>X</b>
<b>40</b> 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?			<b>X</b>
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions			<b>X</b>

**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
<b>42</b> Amortization of costs that begins during your 2024 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2024 tax year					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report					<b>44</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

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

Attach to your tax return.

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

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

**Union-Anson County Habitat for Huma**

Identifying number

**\*\* - \*\*\*4668**

Business or activity to which this form relates

**106 Prosperity**

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

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

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
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	<b>3,050,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 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	<b>1,540</b>

**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 2024	17	<b>0</b>
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 <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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	

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>1,540</b>
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.

DAA

Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

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

Attach to your tax return.

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

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

**Union-Anson County Habitat for Huma**

Identifying number  
**\*\*-\*\*\*4668**

Business or activity to which this form relates

**711 Engleside Street**

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

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

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
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	<b>3,050,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 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	<b>5,353</b>

**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 2024	17	<b>0</b>
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 <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>5,353</b>
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.

DAA

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## Federal Asset Report

FYE: 6/30/2025

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
23	53' Trailer	5/16/07	3,000			3,000	5 HY S/L	3,000	0
30	Building - Old Charlotte	3/31/10	488,379			488,379	39 HY S/L	178,448	12,523
43	Forklift	6/28/12	1,600			1,600	7 HY S/L	1,600	0
46	Donated Lawnmower	5/17/12	800			800	5 HY S/L	800	0
50	2010 Penske Truck #000119	8/01/13	24,500			24,500	5 HY S/L	24,500	0
58	Retail Adv Display	6/30/14	900			900	7 HY S/L	900	0
59	Small tools - Anson	6/30/14	1,019			1,019	5 HY S/L	1,019	0
60	Forklift	6/22/15	6,840			6,840	7 HY S/L	6,840	0
64	Forklift from CBS Forklift	9/24/15	5,000			5,000	7 HY S/L	5,000	0
66	2012 Ford Penske Truck	12/14/15	18,049			18,049	5 HY S/L	18,049	0
67	Anson County Restore Improvements	6/30/16	70,368			70,368	39 HY S/L	15,337	1,804
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850			5,850	10 HY S/L	3,803	585
85	2014 International Rec'd for #44	1/31/19	35,827			35,827	5 HY S/L	35,827	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810			34,810	10 HY S/L	15,665	3,481
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000			10,000	10 HY S/L	3,500	1,000
91	Forklift for BiLo Bldg	2/28/20	4,000			4,000	10 HY S/L	1,800	400
92	AC - BiLo Bldg	2/13/21	16,175			16,175	40 HY S/L	1,415	405
93	Steel Doors BiLo Bldg	2/13/21	1,404			1,404	10 HY S/L	491	141
94	Roof - BiLo Bldg	2/13/21	138,170			138,170	40 HY S/L	12,090	3,454
95	Lighting - BiLo Bldg	2/13/21	30,757			30,757	40 HY S/L	2,691	769
96	Fence with Gate	2/13/21	11,000			11,000	20 HY S/L	1,925	550
98	Drywall - BiLo Bldg	2/13/21	7,202			7,202	15 HY S/L	1,680	481
99	Bi-Lo Building Improvements	2/13/21	21,094			21,094	40 HY S/L	1,846	527
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/13/21	708,000			708,000	40 HY S/L	61,950	17,700
102	Electrical Renovations - SC Restore	2/13/21	11,941			11,941	40 HY S/L	1,045	298
103	Laptop - Wadesboro Restore	8/17/20	1,652			1,652	10 HY S/L	578	165
104	QuickBooks POS for Restores	11/30/20	5,080			5,080	10 HY S/L	1,778	508
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323		X	0	3 MOAmort	3,323	0
106	Vosotro Notebook 540c	2/05/21	910			910	10 HY S/L	319	91
107	Intel NUC 10i5FNH Mini PC & Monitor - 1	2/23/21	1,569			1,569	10 HY S/L	549	157
108	Dell Laptop	4/08/21	1,929			1,929	10 HY S/L	675	193
109	Ice Maker	7/24/20	2,000			2,000	10 HY S/L	700	200
110	Yale Forklift	9/16/20	3,500			3,500	10 HY S/L	1,225	350
111	Construction Trailer	5/10/21	2,075			2,075	5 HY S/L	1,452	415
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365			7,365	10 HY S/L	2,578	736
114	Alarms - SC Restore	10/08/20	3,275			3,275	40 HY S/L	287	81
115	Compressor (HVAC)	9/15/21	12,890			12,890	10 HY S/L	3,223	1,289
116	Fencing	12/09/21	14,638			14,638	20 HY S/L	1,830	732
117	Freezer and Cooler	5/01/23	16,782			16,782	10 HY S/L	2,517	1,678
118	Dickerson Blvd. Building	10/21/23	2,560,541			2,560,541	40 HY S/L	32,007	64,013
122	Yale Forklift	9/21/21	16,900			16,900	10 HY S/L	4,225	1,690
123	6'x10'x6'3" Cargo Trailer	11/19/21	15,858			15,858	5 HY S/L	7,929	3,172
124	Cayce Co, Inc. - Cheraw	8/24/21	2,835			2,835	10 HY S/L	709	283
125	BiLo Building Interest	10/21/23	162,706			162,706	40 HY S/L	2,034	4,067
126	Admin Bldg Energy Efficiency Upgrade	8/19/22	2,567			2,567	10 HY S/L	385	257
127	Dickerson Blvd. Fence	8/25/22	16,810			16,810	20 HY S/L	1,261	840
128	Dickerson Blvd. Parking Lot Restriping & S	6/15/23	5,525			5,525	20 HY S/L	414	277
129	Dickerson Blvd. led Lighting	10/21/23	27,922			27,922	40 HY S/L	349	698
130	Dickerson Blvd. Roof	10/21/23	67,112			67,112	40 HY S/L	839	1,678
131	Office Phones	1/16/24	3,820			3,820	10 HY S/L	191	382
132	Install IP Office Phone System	9/18/23	4,371			4,371	10 HY S/L	219	437
133	East Village Traffic Circle	10/07/23	138,500			138,500	20 HY S/L	3,463	6,925
134	Scissor Lift	8/29/23	6,000			6,000	10 HY S/L	300	600
135	Sign for Monroe BiLo Bldg.	10/21/23	1,488			1,488	15 HY S/L	50	99
136	AC Unit - Monroe BiLo Bldg.	1/29/24	211,346			211,346	40 HY S/L	2,642	5,283
137	Building Improvements	10/21/23	29,937			29,937	40 HY S/L	374	749
138	Dryer Outlet & Showroom Outlet	3/11/24	1,893			1,893	40 HY S/L	24	47
139	AC - Electric	3/06/24	41,123			41,123	40 HY S/L	514	1,028
140	Gas line for Bakery, Gas line for Stove	1/29/24	13,590			13,590	40 HY S/L	170	340
<b>Total Other Depreciation</b>			<u>5,064,517</u>			<u>5,061,194</u>		<u>480,354</u>	<u>143,578</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,064,517</u>			<u>5,061,194</u>		<u>480,354</u>	<u>143,578</u>

**Listed Property:**

73	2012 Dodge Ram 1500	2/15/18	13,539			13,539	5 HY S/L	13,539	0
112	2012 Chevy Pickup	8/31/20	13,038			13,038	5 HY S/L	9,126	2,608

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**Federal Asset Report**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
86	2007 Titan Truck - Nissan	11/04/19	9,970			9,970	5 HY S/L	8,973	997
87	2008 Ford F150	11/25/19	13,394			13,394	5 HY S/L	12,055	1,339
119	2016 Chev. Silverado 1500	12/16/21	18,179			18,179	5 HY S/L	9,089	3,636
120	2011 Dodge Ram 1500	6/29/22	14,609			14,609	5 HY S/L	7,305	2,921
			<u>82,729</u>			<u>82,729</u>		<u>60,087</u>	<u>11,501</u>
	<b>Grand Totals</b>		5,147,246			5,143,923		540,441	155,079
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>5,147,246</u>			<u>5,143,923</u>		<u>540,441</u>	<u>155,079</u>

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**Federal Asset Report**

FYE: 6/30/2025

**106 Prosperity**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	14,623	1,540
	<b>Total Other Depreciation</b>		<u>70,440</u>			<u>70,440</u>		<u>14,623</u>	<u>1,540</u>
	<b>Total ACRS and Other Depreciation</b>		<u>70,440</u>			<u>70,440</u>		<u>14,623</u>	<u>1,540</u>
	<b>Grand Totals</b>		70,440			70,440		14,623	1,540
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>70,440</u>			<u>70,440</u>		<u>14,623</u>	<u>1,540</u>

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**Federal Asset Report**

FYE: 6/30/2025

**711 Engleside Street**

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

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## SC Asset Report

FYE: 6/30/2025

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
<b>Other Depreciation:</b>								
23	53' Trailer	5/16/07	3,000	3,000	3,000	0	0	0
30	Building - Old Charlotte	3/31/10	488,379	488,379	181,577	12,522	12,523	1
43	Forklift	6/28/12	1,600	1,600	1,600	0	0	0
46	Donated Lawnmower	5/17/12	800	800	800	0	0	0
50	2010 Penske Truck #000119	8/01/13	24,500	24,500	24,500	0	0	0
58	Retail Adv Display	6/30/14	900	900	900	0	0	0
59	Small tools - Anson	6/30/14	1,019	1,019	1,019	0	0	0
60	Forklift	6/22/15	6,840	6,840	6,840	0	0	0
64	Forklift from CBS Forklift	9/24/15	5,000	5,000	5,000	0	0	0
66	2012 Ford Penske Truck	12/14/15	18,049	18,049	18,049	0	0	0
67	Anson County Restore Improvements	6/30/16	70,368	70,368	15,337	1,804	1,804	0
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850	5,850	3,803	585	585	0
85	2014 International Rec'd for #44	1/31/19	35,827	35,827	35,827	0	0	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810	34,810	15,665	3,481	3,481	0
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000	10,000	3,500	1,000	1,000	0
91	Forklift for BiLo Bldg	2/28/20	4,000	4,000	1,800	400	400	0
92	AC - BiLo Bldg	2/13/21	16,175	16,175	1,415	405	405	0
93	Steel Doors BiLo Bldg	2/13/21	1,404	1,404	491	141	141	0
94	Roof - BiLo Bldg	2/13/21	138,170	138,170	12,090	3,454	3,454	0
95	Lighting - BiLo Bldg	2/13/21	30,757	30,757	2,691	769	769	0
96	Fence with Gate	2/13/21	11,000	11,000	1,925	550	550	0
98	Drywall - BiLo Bldg	2/13/21	7,202	7,202	1,680	481	481	0
99	Bi-Lo Building Improvements	2/13/21	21,094	21,094	1,846	527	527	0
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/13/21	708,000	708,000	61,950	17,700	17,700	0
102	Electrical Renovations - SC Restore	2/13/21	11,941	11,941	1,045	298	298	0
103	Laptop - Wadesboro Restore	8/17/20	1,652	1,652	578	165	165	0
104	QuickBooks POS for Restores	11/30/20	5,080	5,080	1,778	508	508	0
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323	3,323	3,323	0	0	0
106	Vosotro Notebook 540c	2/05/21	910	910	319	91	91	0
107	Intel NUC 10i5FNH Mini PC & Monitor - 1	2/23/21	1,569	1,569	549	157	157	0
108	Dell Laptop	4/08/21	1,929	1,929	675	193	193	0
109	Ice Maker	7/24/20	2,000	2,000	700	200	200	0
110	Yale Forklift	9/16/20	3,500	3,500	1,225	350	350	0
111	Construction Trailer	5/10/21	2,075	2,075	1,452	415	415	0
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365	7,365	2,578	736	736	0
114	Alarms - SC Restore	10/08/20	3,275	3,275	287	81	81	0
115	Compressor (HVAC)	9/15/21	12,890	12,890	3,223	1,289	1,289	0
116	Fencing	12/09/21	14,638	14,638	1,830	732	732	0
117	Freezer and Cooler	5/01/23	16,782	16,782	2,517	1,678	1,678	0
118	Dickerson Blvd. Building	10/21/23	2,560,541	2,560,541	32,007	64,013	64,013	0
122	Yale Forklift	9/21/21	16,900	16,900	4,225	1,690	1,690	0
123	6'x10'x6'3" Cargo Trailer	11/19/21	15,858	15,858	7,929	3,172	3,172	0
124	Cayce Co, Inc. - Cheraw	8/24/21	2,835	2,835	709	283	283	0
125	BiLo Building Interest	10/21/23	162,706	162,706	2,034	4,067	4,067	0
126	Admin Bldg Energy Efficiency Upgrade	8/19/22	2,567	2,567	385	257	257	0
127	Dickerson Blvd. Fence	8/25/22	16,810	16,810	1,261	840	840	0
128	Dickerson Blvd. Parking Lot Restriping & S	6/15/23	5,525	5,525	414	277	277	0
129	Dickerson Blvd. led Lighting	10/21/23	27,922	27,922	349	698	698	0
130	Dickerson Blvd. Roof	10/21/23	67,112	67,112	839	1,678	1,678	0
131	Office Phones	1/16/24	3,820	3,820	191	382	382	0
132	Install IP Office Phone System	9/18/23	4,371	4,371	219	437	437	0
133	East Village Traffic Circle	10/07/23	138,500	138,500	3,463	6,925	6,925	0
134	Scissor Lift	8/29/23	6,000	6,000	300	600	600	0
135	Sign for Monroe BiLo Bldg.	10/21/23	1,488	1,488	50	99	99	0
136	AC Unit - Monroe BiLo Bldg.	1/29/24	211,346	211,346	2,642	5,283	5,283	0
137	Building Improvements	10/21/23	29,937	29,937	374	749	749	0
138	Dryer Outlet & Showroom Outlet	3/11/24	1,893	1,893	24	47	47	0
139	AC - Electric	3/06/24	41,123	41,123	514	1,028	1,028	0
140	Gas line for Bakery, Gas line for Stove	1/29/24	13,590	13,590	170	340	340	0
<b>Total Other Depreciation</b>			<u>5,064,517</u>	<u>5,064,517</u>	<u>483,483</u>	<u>143,577</u>	<u>143,578</u>	<u>1</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,064,517</u>	<u>5,064,517</u>	<u>483,483</u>	<u>143,577</u>	<u>143,578</u>	<u>1</u>

**Listed Property:**

73	2012 Dodge Ram 1500	2/15/18	13,539	13,539	13,539	0	0	0
112	2012 Chevy Pickup	8/31/20	13,038	13,038	9,126	2,608	2,608	0

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**SC Asset Report**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
86	2007 Titan Truck - Nissan	11/04/19	9,970	9,970	8,973	997	997	0
87	2008 Ford F150	11/25/19	13,394	13,394	12,055	1,339	1,339	0
119	2016 Chev. Silverado 1500	12/16/21	18,179	18,179	9,089	3,636	3,636	0
120	2011 Dodge Ram 1500	6/29/22	14,609	14,609	7,305	2,921	2,921	0
			<u>82,729</u>	<u>82,729</u>	<u>60,087</u>	<u>11,501</u>	<u>11,501</u>	<u>0</u>
	<b>Grand Totals</b>		5,147,246	5,147,246	543,570	155,078	155,079	1
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>5,147,246</u>	<u>5,147,246</u>	<u>543,570</u>	<u>155,078</u>	<u>155,079</u>	<u>1</u>

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**SC Asset Report**

FYE: 6/30/2025

**106 Prosperity**

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
<b>Other Depreciation:</b>								
80	106 Prosperity Ln - Land	12/01/14	8,868	8,868	0	0	0	0
81	106 Prosperity Ln - House	12/01/14	61,572	61,572	14,623	1,540	1,540	0
<b>Total Other Depreciation</b>			<u>70,440</u>	<u>70,440</u>	<u>14,623</u>	<u>1,540</u>	<u>1,540</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>70,440</u>	<u>70,440</u>	<u>14,623</u>	<u>1,540</u>	<u>1,540</u>	<u>0</u>
<b>Grand Totals</b>			70,440	70,440	14,623	1,540	1,540	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>70,440</u>	<u>70,440</u>	<u>14,623</u>	<u>1,540</u>	<u>1,540</u>	<u>0</u>

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**SC Asset Report**

FYE: 6/30/2025

**711 Engleside Street**

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

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**AMT Asset Report**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
23	53' Trailer	5/16/07	3,000			3,000	5 HY 150DB	3,000	0
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850		X	0	5 MQ200DB	5,850	0
114	Alarms - SC Restore	10/08/20	3,275			3,275	39 MMS/L	311	84
117	Freezer and Cooler	5/01/23	16,782		X	3,357	5 MQ200DB	14,868	766
118	Dickerson Blvd. Building	10/21/23	2,560,541			2,560,541	39 MMS/L	46,506	65,654
125	BiLo Building Interest	10/21/23	162,706			162,706	39 MMS/L	2,955	4,172
126	Admin Bldg Energy Efficiency Upgrade	8/19/22	2,567		X	0	7 MQ200DB	2,567	0
127	Dickerson Blvd. Fence	8/25/22	16,810		X	0	15 MQ150DB	16,810	0
128	Dickerson Blvd. Parking Lot Restriping & S	6/15/23	5,525		X	1,105	15 MQ150DB	4,543	98
129	Dickerson Blvd. led Lighting	10/21/23	27,922			27,922	39 MMS/L	507	716
130	Dickerson Blvd. Roof	10/21/23	67,112			67,112	39 MMS/L	1,219	1,721
131	Office Phones	1/16/24	3,820		X	1,528	7 HY 200DB	2,510	374
132	Install IP Office Phone System	9/18/23	4,371		X	874	7 HY 200DB	3,622	214
133	East Village Traffic Circle	10/07/23	138,500		X	27,700	15 HY 150DB	112,185	2,632
134	Scissor Lift	8/29/23	6,000		X	1,200	5 HY 200DB	5,040	384
135	Sign for Monroe BiLo Bldg.	10/21/23	1,488		X	298	5 HY 200DB	1,250	95
136	AC Unit - Monroe Bilo Bldg.	1/29/24	211,346			211,346	39 MMS/L	2,484	5,419
137	Building Improvements	10/21/23	29,937			29,937	39 MMS/L	544	767
138	Dryer Outlet & Showroom Outlet	3/11/24	1,893			1,893	39 MMS/L	14	49
139	AC - Electric	3/06/24	41,123			41,123	39 MMS/L	308	1,054
140	Gas line for Bakery, Gas line for Stove	1/29/24	13,590			13,590	39 MMS/L	160	348
			<u>3,324,158</u>			<u>3,158,507</u>		<u>227,253</u>	<u>84,547</u>

**Other Depreciation:**

30	Building - Old Charlotte	3/31/10	0			0	0 HY	0	0
43	Forklift	6/28/12	0			0	0 HY	0	0
46	Donated Lawnmower	5/17/12	0			0	0 HY	0	0
50	2010 Penske Truck #000119	8/01/13	0			0	0 HY	0	0
58	Retail Adv Display	6/30/14	0			0	0 HY	0	0
59	Small tools - Anson	6/30/14	0			0	0 HY	0	0
60	Forklift	6/22/15	0			0	0 HY	0	0
64	Forklift from CBS Forklift	9/24/15	0			0	0 HY	0	0
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
85	2014 International Rec'd for #44	1/31/19	0			0	0 HY	0	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	0			0	0 HY	0	0
90	Glass Front Doors - SC BiLo Bldg	2/13/21	0			0	0 HY	0	0
91	Forklift for BiLo Bldg	2/28/20	0			0	0 HY	0	0
92	AC - BiLo Bldg	2/13/21	0			0	0 HY	0	0
93	Steel Doors BiLo Bldg	2/13/21	0			0	0 HY	0	0
94	Roof - BiLo Bldg	2/13/21	0			0	0 HY	0	0
95	Lighting - BiLo Bldg	2/13/21	0			0	0 HY	0	0
96	Fence with Gate	2/13/21	0			0	0 HY	0	0
98	Drywall - BiLo Bldg	2/13/21	0			0	0 HY	0	0
99	Bi-Lo Building Improvements	2/13/21	0			0	0 HY	0	0
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield	2/13/21	0			0	0 HY	0	0
102	Electrical Rennovations - SC Restore	2/13/21	0			0	0 HY	0	0
103	Laptop - Wadesboro Restore	8/17/20	0			0	0 HY	0	0
104	QuickBooks POS for Restores	11/30/20	0			0	0 HY	0	0
106	Vosotro Notebook 540c	2/05/21	0			0	0 HY	0	0
107	Intel NUC 10i5FNH Mini PC & Monitor - 1	2/23/21	0			0	0 HY	0	0
108	Dell Laptop	4/08/21	0			0	0 HY	0	0
109	Ice Maker	7/24/20	0			0	0 HY	0	0
110	Yale Forklift	9/16/20	0			0	0 HY	0	0
111	Construction Trailer	5/10/21	0			0	0 HY	0	0
113	John Deere Lawnmower Z915E ZTrack	4/27/21	0			0	0 HY	0	0
115	Compressor (HVAC)	9/15/21	0			0	0 HY	0	0
116	Fencing	12/09/21	0			0	0 HY	0	0
122	Yale Forklift	9/21/21	0			0	0 HY	0	0
123	6'x10'x6'3" Cargo Trailer	11/19/21	0			0	0 HY	0	0
124	Cayce Co, Inc. - Cheraw	8/24/21	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

**Total ACRS and Other Depreciation** 0 0 0 0

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**AMT Asset Report**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Listed Property:</b>									
73	2012 Dodge Ram 1500	2/15/18	13,539		X	0	5 MQ200DB	13,539	0
112	2012 Chevy Pickup	8/31/20	0			0	0 HY	0	0
86	2007 Titan Truck - Nissan	11/04/19	0			0	0 HY	0	0
87	2008 Ford F150	11/25/19	0			0	0 HY	0	0
119	2016 Chev. Silverado 1500	12/16/21	0			0	0 HY	0	0
120	2011 Dodge Ram 1500	6/29/22	0			0	0 HY	0	0
			<u>13,539</u>			<u>0</u>		<u>13,539</u>	<u>0</u>
<b>Grand Totals</b>			3,337,697			3,158,507		240,792	84,547
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>3,337,697</u>			<u>3,158,507</u>		<u>240,792</u>	<u>84,547</u>

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# AMT Asset Report

FYE: 6/30/2025

## 106 Prosperity

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
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
	<b>Total Other Depreciation</b>		<u>8,868</u>			<u>8,868</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>8,868</u>			<u>8,868</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		8,868			8,868		0	0
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>8,868</u>			<u>8,868</u>		<u>0</u>	<u>0</u>

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**AMT Asset Report**

FYE: 6/30/2025

**711 Engleside Street**

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

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**Bonus Depreciation Report**

FYE: 6/30/2025

**Form 990, Page 1**

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

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# Depreciation Adjustment Report

FYE: 6/30/2025

## All Business Activities

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

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

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
23	53' Trailer	5/16/07	3,000	0	0
30	Building - Old Charlotte	3/31/10	488,379	12,522	0
43	Forklift	6/28/12	1,600	0	0
46	Donated Lawnmower	5/17/12	800	0	0
50	2010 Penske Truck #000119	8/01/13	24,500	0	0
58	Retail Adv Display	6/30/14	900	0	0
59	Small tools - Anson	6/30/14	1,019	0	0
60	Forklift	6/22/15	6,840	0	0
64	Forklift from CBS Forklift	9/24/15	5,000	0	0
66	2012 Ford Penske Truck	12/14/15	18,049	0	0
67	Anson County Restore Improvements	6/30/16	70,368	1,804	0
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850	585	0
85	2014 International Rec'd for #44	1/31/19	35,827	0	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810	3,481	0
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000	1,000	0
91	Forklift for BiLo Bldg	2/28/20	4,000	400	0
92	AC - BiLo Bldg	2/13/21	16,175	404	0
93	Steel Doors BiLo Bldg	2/13/21	1,404	140	0
94	Roof - BiLo Bldg	2/13/21	138,170	3,454	0
95	Lighting - BiLo Bldg	2/13/21	30,757	769	0
96	Fence with Gate	2/13/21	11,000	550	0
98	Drywall - BiLo Bldg	2/13/21	7,202	480	0
99	Bi-Lo Building Improvements	2/13/21	21,094	527	0
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield Hwy	2/13/21	708,000	17,700	0
102	Electrical Rennovations - SC Restore	2/13/21	11,941	299	0
103	Laptop - Wadesboro Restore	8/17/20	1,652	165	0
104	QuickBooks POS for Restores	11/30/20	5,080	508	0
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323	0	0
106	Vosotro Notebook 540c	2/05/21	910	91	0
107	Intel NUC 10i5FNH Mini PC & Monitor - Irais	2/23/21	1,569	157	0
108	Dell Laptop	4/08/21	1,929	193	0
109	Ice Maker	7/24/20	2,000	200	0
110	Yale Forklift	9/16/20	3,500	350	0
111	Construction Trailer	5/10/21	2,075	208	0
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365	737	0
114	Alarms - SC Restore	10/08/20	3,275	82	84
115	Compressor (HVAC)	9/15/21	12,890	1,289	0
116	Fencing	12/09/21	14,638	732	0
117	Freezer and Cooler	5/01/23	16,782	1,679	459
118	Dickerson Blvd. Building	10/21/23	2,560,541	64,014	65,655
122	Yale Forklift	9/21/21	16,900	1,690	0
123	6'x10'x6'3" Cargo Trailer	11/19/21	15,858	3,171	0
124	Cayce Co, Inc. - Cheraw	8/24/21	2,835	284	0
125	BiLo Building Interest	10/21/23	162,706	4,068	4,172
126	Admin Bldg Energy Efficiency Upgrade	8/19/22	2,567	256	0
127	Dickerson Blvd. Fence	8/25/22	16,810	841	0
128	Dickerson Blvd. Parking Lot Restriping & Spee	6/15/23	5,525	276	89
129	Dickerson Blvd. led Lighting	10/21/23	27,922	698	716
130	Dickerson Blvd. Roof	10/21/23	67,112	1,678	1,721
131	Office Phones	1/16/24	3,820	382	268
132	Install IP Office Phone System	9/18/23	4,371	437	153
133	East Village Traffic Circle	10/07/23	138,500	6,925	2,368
134	Scissor Lift	8/29/23	6,000	600	230
135	Sign for Monroe BiLo Bldg.	10/21/23	1,488	99	57
136	AC Unit - Monroe Bilo Bldg.	1/29/24	211,346	5,284	5,419
137	Building Improvements	10/21/23	29,937	748	768
138	Dryer Outlet & Showroom Outlet	3/11/24	1,893	47	48
139	AC - Electric	3/06/24	41,123	1,028	1,054
140	Gas line for Bakery, Gas line for Stove	1/29/24	13,590	339	349
<b>Total Other Depreciation</b>			<b>5,064,517</b>	<b>143,371</b>	<b>83,610</b>
<b>Total ACRS and Other Depreciation</b>			<b>5,064,517</b>	<b>143,371</b>	<b>83,610</b>

**Listed Property:**

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

FYE: 6/30/2025

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
73	2012 Dodge Ram 1500	2/15/18	13,539	0	0
112	2012 Chevy Pickup	8/31/20	13,038	1,304	0
86	2007 Titan Truck - Nissan	11/04/19	9,970	0	0
87	2008 Ford F150	11/25/19	13,394	0	0
119	2016 Chev. Silverado 1500	12/16/21	18,179	3,636	0
120	2011 Dodge Ram 1500	6/29/22	14,609	2,922	0
			<u>82,729</u>	<u>7,862</u>	<u>0</u>
	<b>Grand Totals</b>		<u>5,147,246</u>	<u>151,233</u>	<u>83,610</u>

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

FYE: 6/30/2025

**106 Prosperity**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Other Depreciation:</b>					
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
	<b>Total Other Depreciation</b>		<u>70,440</u>	<u>1,539</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>70,440</u>	<u>1,539</u>	<u>0</u>
	<b>Grand Totals</b>		<u>70,440</u>	<u>1,539</u>	<u>0</u>

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

FYE: 6/30/2025

**711 Engleside Street**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	711 Engleside - Land	5/23/24	22,783	0	0
2	711 Engleside - House	5/23/24	214,095	5,352	7,786
	<b>Total Other Depreciation</b>		<u>236,878</u>	<u>5,352</u>	<u>7,786</u>
	<b>Total ACRS and Other Depreciation</b>		<u>236,878</u>	<u>5,352</u>	<u>7,786</u>
	<b>Grand Totals</b>		<u>236,878</u>	<u>5,352</u>	<u>7,786</u>

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

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	SC
<b>Other Depreciation:</b>				
23	53' Trailer	5/16/07	3,000	0
30	Building - Old Charlotte	3/31/10	488,379	12,523
43	Forklift	6/28/12	1,600	0
46	Donated Lawnmower	5/17/12	800	0
50	2010 Penske Truck #000119	8/01/13	24,500	0
58	Retail Adv Display	6/30/14	900	0
59	Small tools - Anson	6/30/14	1,019	0
60	Forklift	6/22/15	6,840	0
64	Forklift from CBS Forklift	9/24/15	5,000	0
66	2012 Ford Penske Truck	12/14/15	18,049	0
67	Anson County Restore Improvements	6/30/16	70,368	1,804
77	New A/C 3702 Old Clt. Hwy.	1/09/18	5,850	585
85	2014 International Rec'd for #44	1/31/19	35,827	0
89	Kubota B26TLB 60" Loader & 24" Backhoe	4/20/20	34,810	3,481
90	Glass Front Doors - SC BiLo Bldg	2/13/21	10,000	1,000
91	Forklift for BiLo Bldg	2/28/20	4,000	400
92	AC - BiLo Bldg	2/13/21	16,175	404
93	Steel Doors BiLo Bldg	2/13/21	1,404	140
94	Roof - BiLo Bldg	2/13/21	138,170	3,454
95	Lighting - BiLo Bldg	2/13/21	30,757	769
96	Fence with Gate	2/13/21	11,000	550
98	Drywall - BiLo Bldg	2/13/21	7,202	480
99	Bi-Lo Building Improvements	2/13/21	21,094	527
101	Cheraw Restore - Old Bi-Lo-8 Chesterfield Hwy	2/13/21	708,000	17,700
102	Electrical Rennovations - SC Restore	2/13/21	11,941	299
103	Laptop - Wadesboro Restore	8/17/20	1,652	165
104	QuickBooks POS for Restores	11/30/20	5,080	508
105	Dell Software, Upgrade for all 3 Restores	12/07/20	3,323	0
106	Vosotro Notebook 540c	2/05/21	910	91
107	Intel NUC 10i5FNH Mini PC & Monitor - Irais	2/23/21	1,569	157
108	Dell Laptop	4/08/21	1,929	193
109	Ice Maker	7/24/20	2,000	200
110	Yale Forklift	9/16/20	3,500	350
111	Construction Trailer	5/10/21	2,075	208
113	John Deere Lawnmower Z915E ZTrack	4/27/21	7,365	737
114	Alarms - SC Restore	10/08/20	3,275	82
115	Compressor (HVAC)	9/15/21	12,890	1,289
116	Fencing	12/09/21	14,638	732
117	Freezer and Cooler	5/01/23	16,782	1,679
118	Dickerson Blvd. Building	10/21/23	2,560,541	64,014
122	Yale Forklift	9/21/21	16,900	1,690
123	6'x10'x6'3" Cargo Trailer	11/19/21	15,858	3,171
124	Cayce Co, Inc. - Cheraw	8/24/21	2,835	284
125	BiLo Building Interest	10/21/23	162,706	4,068
126	Admin Bldg Energy Efficiency Upgrade	8/19/22	2,567	256
127	Dickerson Blvd. Fence	8/25/22	16,810	841
128	Dickerson Blvd. Parking Lot Restriping & Spee	6/15/23	5,525	276
129	Dickerson Blvd. led Lighting	10/21/23	27,922	698
130	Dickerson Blvd. Roof	10/21/23	67,112	1,678
131	Office Phones	1/16/24	3,820	382
132	Install IP Office Phone System	9/18/23	4,371	437
133	East Village Traffic Circle	10/07/23	138,500	6,925
134	Scissor Lift	8/29/23	6,000	600
135	Sign for Monroe BiLo Bldg.	10/21/23	1,488	99
136	AC Unit - Monroe Bilo Bldg.	1/29/24	211,346	5,284
137	Building Improvements	10/21/23	29,937	748
138	Dryer Outlet & Showroom Outlet	3/11/24	1,893	47
139	AC - Electric	3/06/24	41,123	1,028
140	Gas line for Bakery, Gas line for Stove	1/29/24	13,590	339
<b>Total Other Depreciation</b>			<b>5,064,517</b>	<b>143,372</b>
<b>Total ACRS and Other Depreciation</b>			<b>5,064,517</b>	<b>143,372</b>

**Listed Property:**

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

FYE: 6/30/2025

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
73	2012 Dodge Ram 1500	2/15/18	13,539	0
112	2012 Chevy Pickup	8/31/20	13,038	1,304
86	2007 Titan Truck - Nissan	11/04/19	9,970	0
87	2008 Ford F150	11/25/19	13,394	0
119	2016 Chev. Silverado 1500	12/16/21	18,179	3,636
120	2011 Dodge Ram 1500	6/29/22	14,609	2,922
			<u>82,729</u>	<u>7,862</u>
	<b>Grand Totals</b>		<u>5,147,246</u>	<u>151,234</u>

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

FYE: 6/30/2025

**106 Prosperity**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
<b>Other Depreciation:</b>				
80	106 Prosperity Ln - Land	12/01/14	8,868	0
81	106 Prosperity Ln - House	12/01/14	<u>61,572</u>	<u>1,539</u>
	<b>Total Other Depreciation</b>		<u>70,440</u>	<u>1,539</u>
	<b>Total ACRS and Other Depreciation</b>		<u>70,440</u>	<u>1,539</u>
	<b>Grand Totals</b>		<u>70,440</u>	<u>1,539</u>

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

FYE: 6/30/2025

**711 Engleside Street**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SC</u>
<b>Other Depreciation:</b>				
1	711 Engleside - Land	5/23/24	22,783	0
2	711 Engleside - House	5/23/24	214,095	5,352
	<b>Total Other Depreciation</b>		<u>236,878</u>	<u>5,352</u>
	<b>Total ACRS and Other Depreciation</b>		<u>236,878</u>	<u>5,352</u>
	<b>Grand Totals</b>		<u>236,878</u>	<u>5,352</u>

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

Name \_\_\_\_\_ Taxpayer Identification Number \_\_\_\_\_

**Union-Anson County Habitat for Huma**

**\*\* - \*\*\* 4668**

			2023	2024	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1.			
	2. Membership dues and assessments .....	2.			
	3. Government contributions and grants .....	3.			
	4. Program service revenue .....	4.			
	5. Investment income .....	5.			
	6. Proceeds from tax exempt bonds .....	6.			
	7. Net gain or (loss) from sale of assets other than inventory .....	7.			
	8. Net income or (loss) from fundraising events .....	8.			
	9. Net income or (loss) from gaming .....	9.			
	10. Net gain or (loss) on sales of inventory .....	10.			
	11. Other revenue .....	11.			
	<b>12. Total revenue.</b> Add lines 1 through 11 .....	<b>12.</b>			
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....	13.			
	14. Benefits paid to or for members .....	14.			
	15. Compensation of officers, directors, trustees, etc. ....	15.			
	16. Salaries, other compensation, and employee benefits .....	16.			
	17. Professional fundraising fees .....	17.			
	18. Other professional fees .....	18.			
	19. Occupancy, rent, utilities, and maintenance .....	19.			
	20. Depreciation and Depletion .....	20.	<b>104,401</b>	<b>161,972</b>	<b>57,571</b>
	21. Other expenses .....	21.			
	<b>22. Total expenses.</b> Add lines 13 through 21 .....	<b>22.</b>	<b>104,401</b>	<b>161,972</b>	<b>57,571</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12 .....	<b>23.</b>	<b>-104,401</b>	<b>-161,972</b>	<b>-57,571</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	24.			
	25. Total unrelated revenue .....	25.			
	26. Total excludable revenue .....	26.			
	27. Total assets .....	27.	<b>1,956,820</b>	<b>4,734,852</b>	<b>2,778,032</b>
	28. Total liabilities .....	28.			
	29. Retained earnings .....	29.	<b>4,473,406</b>	<b>1,794,848</b>	<b>-2,678,558</b>
	30. Number of voting members of governing body .....	30.			
31. Number of independent voting members of governing body .....	31.				
32. Number of employees .....	32.				
33. Number of volunteers .....	33.				

Form **990****Tax Return History****2024**

Name

**Union-Anson County Habitat for Huma**

Employer Identification Number

**\*\* - \*\*\*4668**

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	1,075,113	578,410	815,523			
Membership dues .....						
Program service revenue .....	1,951,032	2,362,043	1,542,958			
Capital gain or loss .....	37,231	9,300	1,418			
Investment income .....	70		1,233			
Fundraising revenue (income/loss) .....		6,650	10,768			
Gaming revenue (income/loss) .....						
Other revenue .....	18,148	66,272	14,663			
<b>Total revenue</b> .....	<b>3,081,594</b>	<b>3,022,675</b>	<b>2,386,563</b>			
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	864,896	979,129	933,429			
Professional fees .....	37,873	35,877	24,445			
Occupancy costs .....	93,600	14,000	15,200			
Depreciation and depletion .....	89,216	102,968	108,658	104,401	161,972	
Other expenses .....	1,596,722	1,726,393	1,418,798			
<b>Total expenses</b> .....	<b>2,682,307</b>	<b>2,858,367</b>	<b>2,500,530</b>	<b>104,401</b>	<b>161,972</b>	
<b>Excess or (Deficit)</b> .....	<b>399,287</b>	<b>164,308</b>	<b>-113,967</b>	<b>-104,401</b>	<b>-161,972</b>	
<b>Total exempt revenue</b> .....	<b>3,081,594</b>	<b>3,057,284</b>	<b>2,386,563</b>			
Total unrelated revenue .....						
Total excludable revenue .....	2,006,481	2,437,615	1,560,272			
Total Assets .....	5,850,333	8,475,250	8,522,850	1,956,820	4,734,852	
Total Liabilities .....	1,527,214	3,964,428	3,945,043			
Net Fund Balances .....	4,323,119	4,510,822	4,577,807	4,473,406	1,794,848	

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**Federal Statements**

FYE: 6/30/2025

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

Description	Amount
Lowes	\$
Lowes Donation	
Quoizel, Inc.	
Quisell Lighting - Light Fixture	
Total	\$ <u>0</u>

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

Description	Amount
Golf Tourny	\$
Total	\$ <u>0</u>

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

Description	Amount
106 Prosperity	\$
711 Engleside Street	
8 Chesterfield Hwy In-Kind	
1642 Dickerson - Bakery	
Monroe Restore Parking Lot	
Cheraw Restore Parking Lot	
Total	\$ <u>0</u>