### 50m 8879-TE

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30 , 20 23

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service **EIN or SSN** Name of filer BRUNSWICK COUNTY HABITAT FOR HUMANITY 56-1869247 INCORPORATED Paul Kennedy Name and title of officer or person subject to tax Treasurer Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b 2,586,041. Form 990-EZ check here ... 2a b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b Form 1120-POL check here 32 Form 990-PF check here ... 4a b Balance due (Form 8868, line 3c) 5b Form 8868 check here Form 990-T check here ..... b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_\_6b 6a Form 4720 check here ..... 7a Form 5227 check here ..... b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... b Tax due (Form 5330, Part II, line 19) 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic naverent of taxes to receive confidential information precessor to answer inquiries and resolve issues related to the naverent. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize Turlington and Company, L.L.P. to enter my PIN 69247 Enter five numbers, but as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PJN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 56845047305 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature 11/14/23 Date **ERO Must Retain This Form - See Instructions** 

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047
2022

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 C Name of organization D Employer identification number Check if applicable: BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED Name change 56-1869247 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 1323 STONE CHIMNEY ROAD SW 910-454-0007 4,145,615. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended SUPPLY, NC 28462 H(a) Is this a group return Applica-\_\_\_Yes X No F Name and address of principal officer: Paul Kennedy for subordinates? ..... pending 1323 Stone Chimney Rd SW, Supply, NC Yes H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: https://brunswickcountyhabitat.org H(c) Group exemption number Trust Association L Year of formation: 1993 M State of legal domicile: NC K Form of organization: X Corporation Part I Summary 1 Briefly describe the organization's mission or most significant activities: To provide low-cost housing for Activities & Governance those in need in Brunswick County, North Carolina. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 46 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 250 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** 502,894 644,146. 8 Contributions and grants (Part VIII, line 1h) 1,074,402. 128,166 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,659. 5,417 1,002,789 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 85<u>2,834.</u> 2,586,041. 2,639,266. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 603,440. 704.754. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,497,606 1,513,449. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,101,046 2,218,203. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 538,220 367,838. Assets or Balances **Beginning of Current Year End of Year** 5,851,521 6,950,547. Total assets (Part X, line 16) 1,034,273 1,765,461. 21 Total liabilities (Part X, line 26) 4,817,248 5,185,086. Net assets or fund balances. Subtract line 21 from line 20 ..... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Paul Kennedy, Here Treasurer Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check 11/14/23 of self-employed P00747305 Paid John D. Huneycutt John D. Huneycutt Turlington and Company, L.L.P. Firm's EIN 56-0817345 Preparer Firm's name Use Only Firm's address P.O. Box 1697 <u>Lexington, NC</u> 27293-1697 Phone no. (336)249-6856

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

		BRUNSWICK COUNTY HABITAT FOR HUMANITY	_
		(2022) INCORPORATED 56-1869247 Page	<u>. 2</u>
Pa	rt III	Statement of Program Service Accomplishments	_
		Check if Schedule O contains a response or note to any line in this Part III	_
1		fly describe the organization's mission:	
		provide low-cost housing for those in need in Brunswick County,	_
	No:	rth Carolina.	
2		the organization undertake any significant program services during the year which were not listed on the	
	prior	r Form 990 or 990-EZ?	10
		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program services? 🔲 Yes 🗓 I	10
		es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
		tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
		nue, if any, for each program service reported.	
4a	(Code	e:) (Expenses \$1,664,804. including grants of \$) (Revenue \$) (Revenue \$)	• )
		unswick County Habitat for Humanity, Inc., is a local affiliate of	
		bitat for Humanity International who is dedicated to eliminating	
		bstandard housing by building simple, decent, affordable homes in	
	pa:	rtnership with families and communities.	
			_
4b	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$	_ }
	••••		
4c	(Code	e: ) (Expenses \$ including grants of \$ ) (Revenue \$	_ )
			_
			_

) (Revenue \$

4d Other program services (Describe on Schedule O.) including grants of \$ 1,664,804. (Expenses \$

Form **990** (2022)

4e Total program service expenses

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Form 990 (2022) INCORPORATED
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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		<u> </u>
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	6		<u> X</u>
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9	<u> </u>	
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	10		<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		<u> </u>
С	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	11c	<u> </u>	
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	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
16		46		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	47		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	42	
19		19		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 21
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	EUD		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	general generality of the straight of the stra			**

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Part IV Checklist of Required Schedules (continued)

				_
00	Did the experimetion report more than \$5,000 of exents or other assistance to exfer demostic individuals on	[	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u> 25a</u>		
IJ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	i		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	i		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		v
20	"Yes," complete Schedule L, Part IV	28c 29		$\frac{x}{x}$
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		X
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
IJΙ	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	J.,		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t 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			
	1 1		Yes	<u>No</u>
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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<b></b>	
	(gambling) winnings to prize winners?	1c	X OOO	

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2022)

Part V

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Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 46 filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit anv contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year \_\_\_\_\_\_ 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations, Enter: a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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? X If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or 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.

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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			X
Sec	tion A. Governing Body and Management			,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a  1			
	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	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	i		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	· · · · · · · · · · · · · · · · · · ·	7a		x
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-		7b		x
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- 4.5
	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	-22	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3	I	- 22
<del></del>	tion D. 1 Onotos (This dection b requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1.14		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<u></u> -	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a	-	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NC			
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	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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, an	d finar	icial	
	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			
	Carlo Montagano - 910-454-0007			
	1323 Stone Chimney Road SW Supply NC 28462			

Form 990 (2		<u> 56-1869247</u>	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated	

Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VI	

# 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 the 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.

(A)	(B)	1		D=:	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Position not check more than one				Reportable	Reportable	Estimated	
	hours per	box	ox, unless person is bo officer and a director/tru			is bot	h an		compensation	amount of	
	week	-	CGI 241		I	1	1	from	from related	other	
	(list any hours for	lirect			l	_		the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	5 5	ste		ŀ	sate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	trust	al tru		yee	ed III		1099-NEC)		and related	
	below	Individual trustee or director	Institutional trustee	<sub>==</sub>	Key employee	estco	<u>=</u>	<b>,</b>		organizations	
	line)	ള	Instit	Officer	Key	Highest compensated employee	Former				
(1) Carlo Montagano	40.00										
Executive Director			<u> </u>	X				98,733.	0.	0	
(2) Jason Gaver	2.00								_	_	
President		X	_	X	L	<u> </u>		0.	0.	0 .	
(3) Ray DiGuiseppe	2.00								_	_	
Vice President		X		X				0.	0.	0.	
(4) Carolyn Walls	2.00								_		
Secretary		X		X	ļ	<u>.                                    </u>	ļ	0.	0.	0	
(5) Paul Kennedy	2.00										
Treasurer		X		X		ļ		0.	0.	0 .	
(6) Adrianna Sidelinger	2.00										
Director		X		<u> </u>		<u> </u>		0.	0.	0.	
(7) Annette Perry	2.00										
Director		X	<u> </u>	_	<u> </u>		<u> </u>	0.	0.	0	
(8) Bill Negron	2.00										
Director		X	<u> </u>			<del> </del>		0.	0.	0 .	
(9) Christine Luciano	2.00										
Director		X	-	_	<u> </u>		ļ	0.	0.	0	
(10) Jim Brugger	2.00									_	
Director	0.00	X		<u> </u>		<del> </del>		0.	0.	0	
(11) Stephen Kane	2.00									_	
Director	2 00	X	<u> </u>	-		<del> </del>	-	0.	0.	0	
(12) Toni Melvin Whitaker	2.00	7,				l		0.	0.	0	
Director		X	-	_		-	-	<b>U</b> •	0.	0	
		ł		ĺ	ľ	ļ					
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		1									
		1	-	├	-	$\vdash$	-				
		1									

INCORPORATED

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(B) (C)			(D)	(E)			(F)				
	Name and title	Average Position (do not check more than one						one	· · · · · · · · · · · · · · · · · · ·	Reportable	Reportable		Estimated	
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensatio			nount	of
		week (list any	<u> </u>	CGI ZII	luau	T	774443		from the	from related organizations			other pensa	tion
		hours for	direct				-		organization	(W-2/1099-MIS			om th	
		related	se or	stee	}	1	nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	1 trust	nal tru		oyee	ефшо		1099-NEC)			an	d relat	ed
		below	Individual trustee or director	Institutional trustee	Officer	emp	Highest compensated employee	Former				orga	anizati	ons
		line)	르	13	통	Ş.	弄	훈						
			├	<u> </u>							$\longrightarrow$			
			-											
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		<u> </u>							00 722		0.			
	Subtotal								98,733.		0.			0.
Ç	Total from continuation sheets to Part V Total (add lines 1b and 1c)								98,733.		0.			0.
_ <u>u</u> 2	Total number of individuals (including but r									.000 of reportabl	<u> </u>			
_	compensation from the organization		.000		, u u.		٠, ٠٠٠			,000 01 10 10 10 10 10 10 10 10 10 10 10	•			0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, I	кеу б	empi	loye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4		<u> </u>
5	Did any person listed on line 1a receive or										ļ	_		~~
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J 1</i>	or st	ıch	pers	on .				<u></u>	5		X
	tion B. Independent Contractors  Complete this table for your five highest co	mponeated in	done	ndo	nt o	onti	racto	re t	that received more than	\$100,000 of com	none	ation f	rom	
1	the organization. Report compensation for	-	-								perio	alioni	10111	
	(A)	ano caloridai y	cai .	<u> </u>	<u> </u>	****	<u> </u>	Ϊ	(B)	, our		(0	<u> </u>	
	Name and business	address	N	ONE	3				Description of s	ervices	С		nsatio	n
								$\dashv$						
								1						
2	Total number of independent contractors (	_	ot li	mite	d to		_	sted	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation					<u>)                                    </u>							

INCORPORATED

Form 990 (2022) Part VIII Statement of Revenue 56-1869247 Page 9

Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events 1c d Related organizations ..... 1d e Government grants (contributions) 1e 153,994 f All other contributions, gifts, grants, and similar amounts not included above ... 1f 490,152 g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 644,146 **Business Code** Program Service 2 a Home Sales 531390 944,017 944,017 b <u>Imputed Interest</u> 531390 130,385 130,385 f All other program service revenue ..... Total. Add lines 2a-2f 1.074.402 Investment income (including dividends, interest, and 3 other similar amounts) 7.059 7,059. Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7,600 b Less: cost or other basis Other Revenue and sales expenses ....... 7,600 d Net gain or (loss) 7,600 7,600 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 17,337 b Less: direct expenses ..... 18,436 -1.099. c Net income or (loss) from fundraising events -1,099 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses ..... c Net income or (loss) from gaming activities\_ 10 a Gross sales of inventory, less returns 10a and allowances ..... 2,395,071 b Less: cost of goods sold 1.541.138 c Net income or (loss) from sales of inventory 853,933 853,933 **Business Code** Miscellaneous 11 a d All other revenue ..... e Total. Add lines 11a-11d ..... Total revenue. See instructions 2 586 041 1,935,935, 5,960. Form 990 (2022)

56-1869247 Page 10

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 (D) Fundraising (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 93,797. 4,936. 98,733 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 42,774. Other salaries and wages 524,055 264,836 216,445 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 32,511 13,825 16,195. 2,491. 3.789. 49.455. 21.030 24,636. Payroll taxes 10 Fees for services (nonemployees): Management 16,170. 16,170 Legal 13,050. 13,050. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 38,190 38,190 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 10,739 3,715 7,024 16 Occupancy \_\_\_\_\_ 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 ...... Payments to affiliates ..... 21 15,284 2,383 12,901 Depreciation, depletion, and amortization ..... 22 2,802. 18.218. Insurance 36.571. 15,551. 23 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.) 716,564 716,564. a Home Construction 507,883. ь Discounts on Mortgages 507,883. 23,184. 16,797. c General Operations 142,751. 102,770. Imputed Interest 16,247 16,247. e All other expenses 2,218,203. 1,664,804 441,620. 111,779. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \_\_\_\_ if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	527,593.	1	347,290.
	2	Savings and temporary cash investments	78,709.	2	571,282.
	3	Pledges and grants receivable, net	-	3	
	4	Accounts receivable, net	18,129.	4	47,833.
	5	Loans and other receivables from any current or former officer, director,			
	ĺ	trustee, key employee, creator or founder, substantial contributor, or 35%	·		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ıΣ	7	Notes and loans receivable, net	1,691,551.	7	1,888,284.
Assets	8	Inventories for sale or use	267,364.	8	261,439.
۲ĕ	9	Prepaid expenses and deferred charges	617.	9	0.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,975,081.			
	b	Less: accumulated depreciation10b 715,407.		10c	2,259,674.
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11	954,153.	13	1,482,585.
	14	Intangible assets		14	-
	15	Other assets. See Part IV, line 11	0.	15	92,160.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,851,521.	16	6,950,547.
	17	Accounts payable and accrued expenses	164,874.	17	167,869.
	18	Grants payable	-	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	22,063.	21	14,960.
S.	22	Loans and other payables to any current or former officer, director,	-		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties	847,336.	23	1,582,632.
ŀ	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,034,273.	26	1,765,461.
,		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
<u>  a</u>	27	Net assets without donor restrictions	4,817,248.	27	5,131,279.
<u> </u>	28	Net assets with donor restrictions	0.	28	<u>53,807.</u>
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
Ē.		and complete lines 29 through 33.			
8	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t≱	31	Retained earnings, endowment, accumulated income, or other funds		31	
S	32	Total net assets or fund balances	4,817,248.	32	5,185,086.
	33	Total liabilities and net assets/fund balances	5,851,521.	33	6,950,547.

56-1869247 Page 12 Form 990 (2022) INCORPORATED Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,586,041. Total revenue (must equal Part VIII, column (A), line 12) 2,218,203. Total expenses (must equal Part IX, column (A), line 25) 2 2 367,838. Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4.817.248 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 Investment expenses 7 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain on Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 5,185,086. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b 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: Both consolidated and separate basis X Separate basis Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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 ..... За

X 2c

X

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

BRUNSWICK COUNTY HABITAT FOR HUMANITY

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 56-1869247

INCORPORATED Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 \_\_ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990) 2022 INCORPORATED

56-1869247 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and				İ		
	membership fees received. (Do not				Ì		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			ĺ			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		ĺ			1	
	furnished by a governmental unit to					ł	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.	<u> </u>		<u>.</u>			
<u>Sec</u>	ction B. Total Support			- <sub>1</sub>			· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					<u> </u>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			<u> </u>	<u> </u>		
	Total support. Add lines 7 through 10			L	<u> </u>	ļ.,	<u> </u>
	Gross receipts from related activities					12	
13	First 5 years. If the Form 990 is for the						
_	organization, check this box and stop	here	······································				<u>L</u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2022 (					14	<u>%</u>
	Public support percentage from 2021						<u>%</u>
16a	33 1/3% support test - 2022. If the	•					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the	•		•			
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the fact		•	•	•	•	<del></del>
ı.	meets the facts-and-circumstances to	•	•			• • • • • • • • • • • • • • • • • • • •	
Ø	10% -facts-and-circumstances tes	•				-	10% Of
	more, and if the organization meets the		•		•		
40	organization meets the facts-and-circ						
ıo	Private foundation. If the organization	m utu not check a	DOX OH HITE 13, 10	a, 100, 1/a, 01 1/1	D, CHECK THIS DOX	and see mstruction	ъ <u> </u>

Schedule A (Form 990) 2022

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# Schedule A (Form 990) 2022 INCORPORATED | 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

<u></u>	qualify under the tests listed b	<del></del>		-		-	
_	ction A. Public Support	l					
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	311,607.	55,449.	425,376.	502,894.	644,146.	1939472.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2025027.	1717821.	2721199.	3510928.	2542793.	12517768.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2336634.	1773270.	3146575.	4013822.	3186939	14457240.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons	2330031.	11/32/01	31103731	1010011	3233334	0.
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						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)					<u>.</u>	<u>14457240.</u>
<u>Sec</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(ь) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,205.	3,226.	3146575. 599.	4013822. 5,417.		14457240. 17,506.
h	Unrelated business taxable income	1,205	3,220.	3,7,6	5,411.	7,0331	± / / 300 t
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is	1,205.	3,226.	599.	5,417.	7,059.	17,506.
11	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital	1,205.	3,226.	599.	5,417.		
11	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain	1,205.		599. 3147174.			
11 12 13	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2337839.	1776496.	3147174.	4019239.	3193998.	14474746.
11 12 13 14	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	2337839 . ne organization's fil	1776496。 rst, second, third,	3147174 • fourth, or fifth tax y	4019239 • year as a section 5	3193998。 i01(c)(3) organizati	14474746.
11 12 13 14	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the	2337839 . ne organization's fil	1776496。 rst, second, third,	3147174 • fourth, or fifth tax y	4019239 • year as a section 5	3193998。 i01(c)(3) organizati	14474746 •
11 12 13 14 Sec	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	2337839. ne organization's fin	1776496. est, second, third,	<b>3147174</b> . fourth, or fifth tax	4019239 • year as a section 5	3193998。 i01(c)(3) organizati	14474746. on,
11 12 13 14 Sec 15 16	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (I	2337839.  ne organization's finite Support Perine 8, column (f), dischedule A, Part	1776496. rst, second, third, rcentage ivided by line 13, o	3147174. fourth, or fifth tax y	4019239 • year as a section 5	3193998. i01(c)(3) organizati	14474746. on, 
11 12 13 14 Sec 15 16	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2022 (I	2337839.  ne organization's finite Support Perine 8, column (f), dischedule A, Part	1776496. rst, second, third, rcentage ivided by line 13, o	3147174. fourth, or fifth tax y	4019239 • year as a section 5	3193998. i01(c)(3) organizati	14474746. on, 
11 12 13 14 Sec 15 16 Sec 17	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2022 (In Public support percentage from 2021 oction D. Computation of Investing Investment income percentage for 2020 (Investment income percentage for 2021)	2337839. ne organization's finic Support Perine 8, column (f), described A, Part stment Income 122 (line 10c, column	1776496.  st, second, third, streentage ivided by fine 13, one of the contage of	3147174. fourth, or fifth tax y	4019239 • year as a section 5	3193998. 301(c)(3) organizati	14474746. on, 99.88 % %
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2022 (Investment income percentage for 201 linvestment income percentage from 201 linvestment income percentage from 201 linvestment income percentage from 202 linvestment linvestme	2337839. The organization's finite Support Perione 8, column (f), described A, Part Stment Income 122 (line 10c, column 2021 Schedule A,	1776496. rst, second, third, freentage ivided by line 13, one Percentage on (f), divided by line 17	3147174. fourth, or fifth tax y	4019239 • year as a section 5	3193998. 301(c)(3) organizati 15 16	14474746. on, 99.88 % % .12 %
11 12 13 14 Sec 15 16 Sec 17 18 19a	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public support percentage from 2021 (Public support percentage from 2021 ction D. Computation of Investment income percentage from 2 as 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box and stop here	2337839.  ne organization's finite Support Perione 8, column (f), do Schedule A, Part stment Income 122 (line 10c, column 2021 Schedule A, organization did nond stop here. The	1776496. rst, second, third, rcentage ivided by line 13, of the Percentage In (f), divided by line Part III, line 17 ot check the box of organization qualif	3147174. fourth, or fifth tax y column (f)) ne 13, column (f) on line 14, and line ies as a publicly s	4019239 • year as a section 5	3193998. 301(c)(3) organizati  15 16 17 18 3 1/3%, and line 1	99.88 % % .12 % % 7 is not
11 12 13 14 Sec 15 16 Sec 17 18 19a	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public support percentage for 2022 (Public support percentage from 2021 ction D. Computation of Investment income percentage from 2021 Investment income percentage from 2031 33 1/3% support tests - 2022. If the	2337839. The organization's finite Support Perione 8, column (f), of Schedule A, Part Stment Incompose (line 10c, column 2021 Schedule A, organization did nond stop here. The organization did not stop here.	1776496.  st, second, third, freentage ivided by fine 13, of the Percentage on (f), divided by line 17 ot check the box of the check a box on	3147174. fourth, or fifth tax y column (f)) ne 13, column (f) on line 14, and line ies as a publicly s line 14 or line 19a	4019239 • year as a section 5 year as a section 5 15 is more than 3 upported organiza , and line 16 is mo	3193998. 301(c)(3) organization  15 16  17 18 3 1/3%, and line 1 tion 17 18 17 18 17 18 17 18 17 18 17 18 17 18 18 17 18 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	14474746. on, 99.88 % % .12 % % 7 is not

### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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

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

		Yes	No
	11		
	2		
	3a		
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	3b		
	3c		
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56-1869247 Page 5 Schedule A (Form 990) 2022 INCORPORATED Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. No Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

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BRUNSWICK COUNTY HABITAT FOR HUMANITY 56-1869247 Page 6 Schedule A (Form 990) 2022 INCORPORATED Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 4 Depreciation and depletion 5 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year **Section B - Minimum Asset Amount** (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 6 Multiply line 5 by 0.035. 6

8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 2 2 Enter 0.85 of line 1. 3 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7

7

Schedule A (Form 990) 2022

Recoveries of prior-year distributions

7

<u>Schedule A (Form 990) 2022</u> <u>INCORPORATED</u> <u>56-1869247 Page 7</u>

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (contin	ued)	
Secti	on D - Distributions			]	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	···
9_	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017		-		
<u>b</u>	From 2018				
_ с	From 2019				
d	From 2020				
е	From 2021				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
_i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.		·		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

# BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

Schedule A	(Form 990) 2022	INCORPORATED	)		011 110111111	56-1869247 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1, tine 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide the exp 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3: Part IV. Sec	olanations re la, 9b, 9c, 11 tion E. lines	la, 11b, and 11d 1c, 2a, 2b, 3a, a	c; Part IV, Section B, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)					
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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Name of the organization

BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

Employer identification number

56-1869247

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	-	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special I	Rules				
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990·EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (2022)

Name of organization

BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

Employer identification number

56-1869247

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Habitat for Humanity of NC, Inc.  1053 E Whitaker Mill Rd  Raleigh, NC 27604-5305	\$ <u>280,487</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Cannon Foundation, Inc.  P.O. Box 548  Concord, NC 28026	\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Duke Energy P.O. Box 1094 Charlotte, NC 28201	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GFL Environmental P.O. Box 791519 Baltimore, MD 21279	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Name of organization

# BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

**Employer identification number** 

56-1869247

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

# BRUNSWICK COUNTY HABITAT FOR HUMANITY

Dort III - Evelusively	ام میرمندنامیی	haritable e			
INCORPORATE					
BRUNSWICK C	COMIX	HWRTJ	LAT. I	OK H	OMAMT.

56-1869247

art III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations  * less for the year. (Enter this info. once.)  **		
) No. rom art I	Use duplicate copies of Part III if additional  (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee		
No.		(2) 11-2 - 6 - 16			
<u>rti</u>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	ift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gi	ft  Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Inspection

BRUNSWICK COUNTY HABITAT FOR HUMANITY

INCORPORATED

Employer identification number 56-1869247

OMB No. 1545-0047

ra	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		iiai i ulius Oi F	Coounts. Complete if the
		(a) Donor advised fun	nds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	<del>-</del>		
Pa		ganization answered "Yes" on	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Pre	servation of a histo	orically important land area
	Protection of natural habitat	Pre	servation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution	in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic stru			l l
ď	Number of conservation easements included in (c) acquired a			
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			nization during the tax
_	year		, ,	· ·
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	***************************************		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforci	ng conservation ea	asements during the year
_				21/2
8	Does each conservation easement reported on line 2(d) abov			
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		=	
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's final	nciai statements tr	nat describes the
Da	organization's accounting for conservation easements.  III Organizations Maintaining Collections of	Art Historical Treasu	res or Other	Similar Assets
Га	Complete if the organization answered "Yes" on Form	•	iles, or Other	Olimiai Assets.
10	If the organization elected, as permitted under FASB ASC 95		statement and ha	lance sheet works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar	·		nice of public
la.	· •			a shoot works of
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or rese	earch in furtheranc	e or public service,
	provide the following amounts relating to these items:			dr.
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical trea		=	provide
	the following amounts required to be reported under FASB A			Φ.
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X	••••••		\$

BRUNSWICK COUNTY HABITAT FOR HUMANITY 56-1869247 Page 2 Schedule D (Form 990) 2022 INCORPORATED Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research Other □ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 X No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** c Beginning balance 10 d Additions during the year 1d Distributions during the year 1e f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back 1a Beginning of year balance Contributions ..... Net investment earnings, gains, and losses Grants or scholarships e Other expenditures for facilities and programs Administrative expenses ..... f End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment **b** Permanent endowment 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 Yes No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		667,077.		667,077.
<b>b</b> Buildings		2,128,912.	583,985.	1,544,927.
c Leasehold improvements				
d Equipment		179,092.	131,422.	47,670.
e Other	••••			
Total. Add lines 1a through 1e. (Column (d) must of		nn (B), line 10c.)		2,259,674.

Schedule D (Form 990) 2022

Schedule D	) (Form 990) 2022	INCORPORA'
Part VII	Investments -	Other Securities.

Ormaleta if the average attendance of	IVaail on Come O	O Dort IV line 11h	Con Form 000 Bort V line 10
Complete if the organization answered	Yes on Form 9	30, Partiv, line i ib	. 500 FORM 950, Part A, III 12.

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

# Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Program Properties	1,482,585.	Cost
(2)		·
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1.482.585	

# 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

# 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		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 D (Form 990) 2022 INCORPORATED 56-1869247 Page 4

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Total revenue, gains, and other support per audited financial statements			1	2,604,477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••			
	Net unrealized gains (losses) on investments	2a			
b		2b		]	
	Recoveries of prior year grants			1	
d			18,436.		
e	Add lines 2a through 2d			2e	18,436.
3	Subtract line 2e from line 1			3	2,586,041.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		] [	
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,586,041.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Witl	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,236,639.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d		2d_	18,436.		
е	Add lines 2a through 2d			2e	18,436.
3	Subtract line 2e from line 1			3	<u>2,218,203.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		l	
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,218,203.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inforr	nation.		
<b>.</b>	-t TTT 1-1 Ob				
Pai	ct IV, line 2b:				
TT_1			مم طمعه المم	~~	nttil
пал	oitat holds homeowner escrow funds in a res	CEICL	ed Casii ac	Cour	iic uiicii
~~	atod naimonts are due				
<u>те.</u>	ated payments are due.				
Par	rt X, Line 2:				
<u>. u.</u>	.c 11/ Mills 21				
The	e organization is exempt from federal incom	e tax	ation unde	r Se	ection
	o organización ab onompo rrom rocción anoom	<del> </del>	dolloll dildo		
501	(c)(3) of the Internal Revenue Code. Addit	ional	lv, it doe	s no	ot generate
bus	siness income unrelated to its exempt purpo	se an	d therefor	e ha	as made no
pro	ovision for income taxes or uncertain tax p	ositi	ons in the	fir	nancial
sta	atements. Habitat's income tax returns for	years	ended aft	er d	June 30,

2020, remain open for examination.

Schedule D (Form 990) 2022 INCORPORATED	56-1869247 Page 5
Part XIII Supplemental Information (continued)	
Done WI Time Od Other Adinstructure.	
Part XI, Line 2d - Other Adjustments:	
Special events expense netted with revenue	
	= 11111
m	
Part XII, Line 2d - Other Adjustments:	
Special events expense netted with revenue	
bbootal cveneb capenbe arecoda when revenue	
<del></del>	
	·

# SCHEDULE G (Form 990)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

BRUNSWICK COUNTY HABITAT FOR HUMANITY
INCORPORATED

Employer identification number
56-1869247

Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "\	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
Indicate whether the organization rais	sed funds through any of the following Solicitates f Solicitates g Special Spe	tion of tion of fundra (inclu- rofess	non-g gover aising ding o ional t	overnment grants rnment grants events fficers, directors, true fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts fundraiser from activity  (vi) Amount paid to (or retained by) fundraiser listed in col. (i)					(vi) Amount paid to (or retained by) organization
		Yes	No			
otal						
<ol><li>List all states in which the organization or licensing.</li></ol>	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration
			-			
,						
						<del></del>

Schedule G (Form 990) 2022

INCORPORATED

56-1869247 Page 2

P	art I	Fundraising Events. Complete if the of fundraising event contributions and grant properties.				
		or initialising event contributions and gr	(a) Event #1 Golf Tournament (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
nG			(event type)	(event type)	(total hamber)	
Revenue	1	Gross receipts	17,337.			17,337.
	2	Less: Contributions				1-2
	3	Gross income (line 1 minus line 2)	17,337.			17,337.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				18,436.
	10	Direct expense summary. Add lines 4 throug				18,436.
ГВе	irt I					-1,099.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 990, Fait IV, line 19, 01	reported more than	
		TO,000 OTT OTT OCC EE, III OC.	( ) Diago	(b) Pull tabs/instant	(-) Other coming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ěve						
	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	, , , , , , , , , , , , , , , , , , , ,	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No	☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net garning income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Outstract line 7	montano 1, column (a)			1
	ls t	ter the state(s) in which the organization condi the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re	•	_	year?	Yes No
	_					

Sch	edule G (Form 990) 2022 INCORPORATED	<u>56-1869247 Page 3</u>
11	Does the organization conduct gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	13a 9
	An outside facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	
•		
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ount
	of gaming revenue retained by the third party \$	
c	: If "Yes," enter name and address of the third party:	
Ĭ	, in 1995, Street Harris and addition of the filling party.	
	Name	
	Address	
	Addiess	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the
	organization's own exempt activities during the tax year \$	
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
		<del></del>
_		
_		

# BRUNSWICK COUNTY HABITAT FOR HUMANITY 56-1869247 Page 4 Schedule G (Form 990) INCORPORAT Part IV Supplemental Information (continued) INCORPORATED

# **SCHEDULE O** (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information. BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

Employer identification number 56-1869247

21/0/11/0/11/2
Form 990, Part VI, Section B, line 11b:
An independent CPA prepares the return in conjunction with the audit. A
draft is reviewed by the Treasurer and Executive Director and made
available to the entire board. Inquiries and comments are invited.
Form 990, Part VI, Section B, Line 12c:
Board members are reminded at each board meeting to immediately disclose if
they are aware of any issue that might constitute a conflict of interest.
Form 990, Part VI, Section B, Line 15:
Executive committee determines by reviewing wage comparison data.
Form 990, Part VI, Section C, Line 19:
The organization's audited financial statements and Form 990 are available
on its website. Also, Form 990 is available at guidestar.org. In addition,
governing documents and the 990 are available directly from the
organization upon request.

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 C Name of organization D Employer identification number Check if applicable: BRUNSWICK COUNTY HABITAT FOR HUMANITY Address change INCORPORATED Name change 56-1869247 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 910-454-0007 1323 STONE CHIMNEY ROAD SW G Gross receipts \$ 4,145,615. City or town, state or province, country, and ZIP or foreign postal code Amended SUPPLY, NC 28462 H(a) Is this a group return Applica-F Name and address of principal officer: Paul Kennedy for subordinates? ..... Yes X No pending 1323 Stone Chimney Rd SW, Supply, H(b) Are all subordinates included? Yes 28462 ) (insert no.) 4947(a)(1) or 527 Tax-exempt status: X 501(c)(3) 501(c) ( If "No." attach a list. See instructions https://brunswickcountyhabitat.org J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 1993 M State of legal domicile; NC Part I Summary 1 Briefly describe the organization's mission or most significant activities: To provide low-cost housing for Governance those in need in Brunswick County, North Carolina. \_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 46 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 250 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** 502,894 644,146. Contributions and grants (Part VIII, line 1h) Revenue 1,128,166 1,074,402. Program service revenue (Part VIII, line 2g) 5,417 14,659. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,002,789 852,834. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,586,041. 2,639,266 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 603,440 704,754. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,497,606. 1,513,449. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,101,046 2,218,203. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 538,220. 367,838. Revenue less expenses. Subtract line 18 from line 12 ...... **Beginning of Current Year** End of Year Assets ( Balance 5,851,521 6,950,547. Total assets (Part X, line 16) 765,461. 1,034,273 21 Total liabilities (Part X, line 26) 5,185,086. 4,817,248. Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Paul Kennedy, Here Treasurer Type or print name and title PTIN Date Check Print/Type preparer's name Preparer's signature 11/14/23 self-employed P00747305 John D. Huneycutt Paid John D. Huneycutt Turlington and Company, L.L.P. Firm's EIN 56-0817345 Preparer Firm's name Use Only Firm's address P.O. Box 1697 Phone no. (336)249-6856 <u>Lexington</u>, NC 27293-1697 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

BRUNSWICK COUNTY HABITAT FOR HUMANITY 56-1869247 Page 2 Form 990 (2022) INCORPORATED Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: To provide low-cost housing for those in need in Brunswick County, North Carolina. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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. (Code: \_\_\_\_\_) (Expenses \$ 1,664,804. including grants of \$ \_\_\_) (Revenue \$ \_\_\_\_\_1, 935, 935.) Brunswick County Habitat for Humanity, Inc., is a local affiliate of Habitat for Humanity International who is dedicated to eliminating substandard housing by building simple, decent, affordable homes in partnership with families and communities. ) (Revenue \$ (Code: ) (Expenses \$ including grants of \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ \_\_\_\_\_

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

(Expenses \$ including grants of \$

) (Revenue \$

te Total program service expenses

1,664,804.

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Form 990 (2022) INCORPORATED
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)?		103	110
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<del>-</del>		
·	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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	9_	X	<u> </u>
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	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	11d		х
•	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate or consolidated infarctal statements for the tax year include a roomete that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		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	15		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	16		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	17	ļļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مم ا		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		~
20~	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-22
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	21		х

Form 990 (2022) INCORPORATED

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			i
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			İ
	instructions for applicable filing thresholds, conditions, and exceptions):			İ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	_34_		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<u>,                                    </u>	
	(gambling) winnings to prize winners?	1c	X	<b>.</b>

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 56-1869247 Page 5

٥-	Catastha number of ampleyees reported an Form W/2. Transmittel of Wags and Tay Statements		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 46			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-12	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		- 44
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	-		
э a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		<u>x</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 7.0		
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or 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?	17		
	If "Yes," complete Form 6069.			

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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.

1a Enter the number of voting members of the governing body at the end of the tax year		Check if Schedule O contains a response or note to any line in this Part VI			LX					
14 Enter the number of voting members of the governing body at the not of the taxy sear  If there are material difference is volting rights among members of the governing body of the governing body delegated troad subtroffly to an exacultie committee or similar committee, organia on Schedule 0.  15 Enter the number of voting members included on line 1a, above, who are independent  16 Did any officer, disector, trustee, or key employee have a family relationship or a businese relationship with any other  officers, directors, trustees, or key employees but a management duties customatily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization become aware during the year of a significant diversion of the organization's assessed?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more member of the powering body?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the powering body?  5 Did the organization intermediation to the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization intermediation of the organization reserved to for subject to approval by) members, stockholders, or persons other than the powering body?  5 Did the organization intermediation to exhibit the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Did the organization intermediation to exhibit the member and addresses on Schedule O.  9 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 A who cannot be reached at the organization real power of the organization have writ	Sec	tion A. Governing Body and Management								
If there are material differences in voling rights among members of the governing body of the governing body delegated troad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of volting members included on line 1a, above, who are independent  2 Did any officer, director, trustee, or key employees and a family relationship or a business relationship with any other officer, director, trustee, or key employees or a family relationship or a business relationship with any other officer, director, trustee, or key employees or a management duties customatily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members a stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 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?  6 Did the organization have members, attach the power to elect or appoint one or more members of the governing body?  7 Did the organization from the governing body?  8 Did the organization that the governing body?  9 Did the organization that the governing body?  10 Did the organization that the governing body?  11 Did the organization that the governing body?  12 Did the organization that the governing body?  13 Did the organization that the governing body?  14 Did the organization that the governing body?  15 Did the organization have written policles and procedures governing the activities of such chapters, affiliates, and branches to ensure that organization have written policles and procedures governing the activities of such chapters, affiliates, and branches to ensure their organization have written policles and procedures governing the delivers of such chapters				Yes	No					
body delegated troad authority to an executive committee or similar committee, explain on Schedule 0. 1 1 1 1 2 2 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 1 1 2 2 1	1a	Enter the number of voting members of the governing body at the end of the tax year	L							
b Enter the number of volting members included on the 1s, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing	1	ļ						
2 Did the organization become ware during the year of significant changes to its governing body?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 J X  3 Did the organization become aware during the year of a significant change to the governing documents since the prior Form 990 was filed?  4 J X  5 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 J X  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the powering body?  5 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaceusly document the meetings held or written actions undertaken during the year by the following:  8 T Re governing body?  8 Like a Back committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is making address? If Yess, Provide the mares and addresses on Schedula C be a committee with authority to act on behalf of the governing body?  8 Like and Yess, and the sendenses of the secure of the committee with authority to act on the sendenses of the secure of the committee with authority to act on the sendenses of the secure of the sendense of the sendenses of the secure of the sendenses of the sendense		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
2 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?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 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?  5 Did the organization have members, stockholders, or other persons other than the governing body?  6 Did the organization contemporaneously document the meetings held or writtun actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or writtun actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? or Schedule 0  9 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code).  100 Did the organization have local chapters, branches, or affiliates?  5 Diff 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 to review this Form 990.  100 Did the organization have a written conflict of interest policy? If Yes, 'go the Is 3  101 Describe on Schedule O be process, if any, used the organizat	b	Enter the number of voting members included on line 1a, above, who are independent 15	<u>.</u>							
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Yes	_		80							
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No 10a	9		_		77					
No   No   No   No   No   No   No   No			9	l	A					
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b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b   11a   1a   1a   1a   1a   1b   1b				Yes						
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  12	þ	· · · · · · · · · · · · · · · · · · ·								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  13 X  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official 15a X  b Other officers or key employees of the organization [""yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  15 Section C. Disclosure  16	12a		12a							
on Schedule O how this was done  12c  X  13  Did the organization have a written whistleblower policy?  14  Did the organization have a written document retention and destruction policy?  15  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15  The organization's CEO, Executive Director, or top management official  16  Other officers or key employees of the organization  16  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16  Dif "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?  17  List the states with which a copy of this Form 990 is required to be filed NC  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.  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 Carlo Montagano - 910-454-0007	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
13	C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
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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 NC  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.  X Own website X Another's website X 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 Carlo Montagano - 910-454-0007	b									
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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  Carlo Montagano - 910-454-0007	19	• • • • • • • • • • • • • • • • • • • •	nd finai	ncial						
20 State the name, address, and telephone number of the person who possesses the organization's books and records  Carlo Montagano - 910-454-0007										
Carlo Montagano - 910-454-0007	20									

INCORPORATED

56-1869247

Form 990 (2022) 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 the 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.

(A) Name and title	(B) Average hours per week	rage Position (do not check more than box, unless person is bo					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Carlo Montagano	40.00									
Executive Director		L		X				98,733.	0.	0.
(2) Jason Gaver	2.00									
President		X		X				0.	0.	0.
(3) Ray DiGuiseppe	2.00									
Vice President		X		X				0.	0.	0.
(4) Carolyn Walls	2.00									
Secretary		X		X				0.	0.	0.
(5) Paul Kennedy	2.00									
Treasurer		X		X				0.	0.	0.
(6) Adrianna Sidelinger	2.00			ļ						
Director		X		L				0.	0.	0.
(7) Annette Perry	2.00									
Director		X						0.	0.	0.
(8) Bill Negron	2.00								_	_
Director		X						0.	0.	0.
(9) Christine Luciano	2.00								_	_
Director		X		L				0.	0.	0.
(10) Jim Brugger	2.00								_	_
Director		X	ļ					0.	0.	0.
(11) Stephen Kane	2.00									
Director		X		_	ļ			0.	0.	0.
(12) Toni Melvin Whitaker	2.00									
Director		X		<u> </u>	<u> </u>			0.	0.	0.
		ļ								
			<u> </u>	<u> </u>	<u> </u>					
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INCORPORATED

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)	(B) (C)				(D)	(E)		(F)			
	Name and title	Average	(do not check more than				Reportable	Reportable	1	Estimat			
		hours per week	week box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	8	mount other	
		(list any	혍						the	organizations	co	mpensa	
		hours for	gig				Ed.		organization	(W-2/1099-MISC/		from th	e
		related organizations	ste c	truste		۵.	pensa		(W-2/1099-MISC/	1099-NEC)		ganizat	
		below	taal tr	Institutional trustee		nploye	st com yee	<u> </u>	1099·NEC)			nd relat ganizat	
		line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			",	ga	
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	Subtotal								98,733.	0			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								98,733.	0			0.
2	Total number of individuals (including but n										·1		
_	compensation from the organization				-		,		···································				0
												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	еу е	mpl	loye	e, or	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual					•••••		•••••		3	ļ	X
4	For any individual listed on line 1a, is the su	•							•	-			
	and related organizations greater than \$150										4	+	X
5	Did any person listed on line 1a receive or a	•				•			•		۱.		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheauk	e J T	or st	icn j	pers	on .	•••••			5	1	<u> </u>
1	Complete this table for your five highest co	mpensated inc	lene	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compen	sation	from	
•	the organization. Report compensation for												
	(A)							Ī	(B)		(	(C)	
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Comp	ensatio	n
								$\dashv$					
2	Total number of independent contractors (i	•	ot li	nite	d to			sted	l above) who received m	ore than			
	\$100,000 of compensation from the organi	zation				(	<u> </u>						

Form 990 (2022) INCORPORAT

Part VIII Statement of Revenue

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Check if Schedule O contains a response or note to any line in this Part VIII ... (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... Membership dues ..... 1b Fundraising events 1c Related organizations ..... 1d e Government grants (contributions) 1e 153.99<u>4</u> f All other contributions, gifts, grants, and similar amounts not included above 1f 490,152 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 644 146 **Business Code** Program Service 531390 944,017 2 a Home Sales 944,017 b Imputed Interest 531390 130,385 130,385 f All other program service revenue ..... g Total. Add lines 2a-2f 1.074.402 Investment income (including dividends, interest, and other similar amounts) 7,059 7,059. Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents ..... 6a b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7.600 |7a **b** Less: cost or other basis Other Revenue and sales expenses ...... 7b c Gain or (loss) ......7c 7,600 d Net gain or (loss) ..... 7,600. 7,600 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 17,337 b Less: direct expenses ..... 8b 18,436 c Net income or (loss) from fundraising events -1,099 -1,099. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances ..... 2,395,071 b Less: cost of goods sold ..... 10b 1,541,138 c Net income or (loss) from sales of inventory 853,933 853.933 **Business Code** Miscellaneous 11 a d All other revenue ..... e Total. Add lines 11a-11d ..... Total revenue. See instructions 5 960. 2,586,041 1,935,935, 0.

56-1869247 Page 10

Form 990 (2022) INCORPORATED
Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	se or note to any line in  (A)  Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	<del>, , , =</del>	ехрепзез	general expenses	CAPCHISCS
	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	98,733.		93,797.	4,936.
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	524,055.	264,836.	216,445.	42,774.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	32,511.	13,825.	16,195.	2,491.
10	Payroll taxes	49,455.	21,030.	24,636.	3,789.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	16,170.		16,170.	
C	Accounting	13,050.		13,050.	
d	Lobbying				
е	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 Sch 0.)				
12	Advertising and promotion	38,190.			38,190.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	10,739.	3,715.	7,024.	
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	15,284.	2,383.	12,901.	
23	Insurance	36,571.	15,551.	18,218.	2,802.
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.)				
а	Home Construction	716,564.	716,564.		
	Discounts on Mortgages	507,883.	507,883.		
	General Operations	142,751.	102,770.	23,184.	16,797.
d	Imputed Interest	16,247.	16,247.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,218,203.	1,664,804.	441,620.	111,779.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	527,593.	1	347,290
	2	Savings and temporary cash investments	78,709.	2	571,282
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,129.	4	47,833
	5	Loans and other receivables from any current or former officer, director,			
	i	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net	1,691,551.	7	1,888,284
Assets	8	Inventories for sale or use	267,364.	8	261,439
Ÿ	9	Prepaid expenses and deferred charges	617.	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,975,081.			
	b	Less: accumulated depreciation 10b 715, 407.	2,313,405.	10c	2,259,674
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	954,153.	13	1,482,585
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	92,160
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,851,521.	16	6,950,547
	17	Accounts payable and accrued expenses	164,874.	17	<u>167,869</u> .
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	22,063.	21	14,960
S	22	Loans and other payables to any current or former officer, director,		ľ	
litie	1	trustee, key employee, creator or founder, substantial contributor, or 35%		ŀ	
Liabilities		controlled entity or family member of any of these persons		22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties	847,336.	23	1,582,632
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,034,273.	26	1,765,461
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	4,817,248.	27	<u>5,131,279</u>
Ba	28	Net assets with donor restrictions	0.	28	53,807
nu		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
st o	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	4,817,248.	32	5,185,086.
	33	Total liabilities and net assets/fund balances	5,851,521.	33	6,950,547.

orn	n 990 (2022)	20-T80	924/	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,58	6,0	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,21	8,2	03.
3	Revenue less expenses. Subtract line 2 from line 1	3	36	7,8	38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,81	7,2	48.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>5,18</u>	<u>5,0</u>	86.
<u>Pa</u>	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>_L</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	; O.	ļ		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	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?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	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?		3a		X

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

Form 990 (2022)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

BRUNSWICK COUNTY HABITAT FOR HUMANITY

OMB No. 1545-0047

**2022** 

Open to Public Inspection

Employer identification number

		INCO	RPORATED					6-1869247	
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instructions.		
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch							
2	$\Box$	A school described in sect	•						
3	一	A hospital or a cooperative				YbY 1YAYi	ii).		
4	一	A medical research organiz					•	the hospital's name	
7		city, and state:	allon operated at 60	njanouon war a noopaa	. 00001100	J 30000	110(8)(1)(1)(1)(11): 2.1101	and moophan o manne,	
5		An organization operated for	or the benefit of a co	Illaga or university owner	d or opera	ted by a d	overnmental unit describ	ned in	-
5	ш	section 170(b)(1)(A)(iv). (C		mege of aniversity office	a or opera	ica by a g	overnmental and accord	,oo	
_				nantal unit described in		70/6\/4\/8\	4.4		
6	H	A federal, state, or local go	•				• •		
7	لـــا	An organization that norma	-	intial part of its support i	rom a gov	ernmentai	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	•						
8	닏	A community trust describe							
9	Ш	An agricultural research orç							
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or	
		university:							
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment	ċ
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	fety. See :	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on	
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete lines	s 12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	ving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
		organization(s). You mus							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,	
		its supported organization	-						
d		Type III non-functionally						zation(s)	
		that is not functionally int	-						
		requirement (see instruct	-	• •	•		•		
е		Check this box if the orga		·					
_		functionally integrated, or					71 7 71 7 71		
f	Ente	r the number of supported of							_
a		ide the following information							
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions	)
									_
						-			_
									_

Schedule A (Form 990) 2022 INCORPORATED

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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.)

Sec	tion A. Public Support		·1	r	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					<u> </u>	
	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					-	
	Public support. Subtract line 5 from line 4. tion B. Total Support		<u> </u>	<u> </u>			<u> </u>
		4 > 0040		T	1 0004	1 (1)0000	(D.T-4-1
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4					<del> </del>	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources  Net income from unrelated business					<del></del>	
-	activities, whether or not the						
	business is regularly carried on						<del>)</del>
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					<del>                                     </del>	
	Gross receipts from related activities	etc (see instructi	one)		<u> </u>	12	1
	First 5 years. If the Form 990 is for the	•				<del></del>	
	organization, check this box and stor						
	tion C. Computation of Publ			•••••			
	Public support percentage for 2022 (			column (fl)		14	%
	Public support percentage from 2021					<del></del>	%
	33 1/3% support test - 2022. If the						ox and
	stop here. The organization qualifies						
	33 1/3% support test - 2021. If the						
	and stop here. The organization qua	ifies as a publicly	supported organiz	ation			
	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	es test, check thi	s box and stop he	re. Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	ublicly supported	organization		
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t	ne facts-and-circur	nstances test, che	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a publicl	y supported orga	nization	
	Private foundation. If the organization			· ·			ns 🗀

Schedule A (Form 990) 2022

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# Schedule A (Form 990) 2022 INCORPORATED 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 b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					•	
	include any "unusual grants.")	311,607.	55,449.	425,376.	502,894.	644,146.	1939472.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2025027.	1717821.	2721199.	3510928.	2542793.	12517768.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
_	***************************************			- · · <u>-</u> · · ·			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2336634.	1773270.	3146575.	4013822.	3186939.	14457240.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
C	Add lines 7a and 7b					_,	0.
	Public support. (Subtract line 7c from line 6.)						<u>14457240.</u>
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	2336634.	1773270.	3146575.	4013822.	<u>3186939.</u>	14457240.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,205.	3,226.	599.	5,417.	7,059.	17,506.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_		1,205.	3,226.	599.	5,417.	7,059.	17,506.
	Add lines 10a and 10b	1,205.	3,220.	333.	J, 417.	1,039.	17,300.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2337839.	1776496.	3147174.	4019239.	<u>3193998.</u>	14474746.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizat	ion,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	99.88 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	22 (line 10c. colun	nn (f), divided by li	ne 13, column (f))		17	.12 %
	Investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •		***	18	%
	9a 33 1/3% support tests - 2022. 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 a						<b>X</b>
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 $1/3\%$ , che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	Ц
20	Private foundation If the organization	n did not obook a	hay on line 14 10	a or 10h check th	ie hay and eas ins	tructions	1 1

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

		Yes	No
	1		<del></del>
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	iva		
	10b		
lule	A (Forn	n 990)	2022

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56-1869247 Page 5 INCORPORATED Schedule A (Form 990) 2022 Part IV | Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or За trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

56-1869247 Page 6 INCORPORATED Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3\_\_ Add lines 1 through 3. 4 4 5 Depreciation and depletion 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 <u>1d</u> d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by 0.035. 6 6

2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

7

8

1

Schedule A (Form 990) 2022

**Current Year** 

Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, column A)

Section C - Distributable Amount

2

Schedule A (Form 990) 2022 INCORPORATED 56-1869247 Page 7

Pai	t V   Type III Non-Functionally Integrated 505	(a)(3) Supporting Org	anizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	<del></del>		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				<u> </u>
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required · explain in Part VI). See instructions.				
3_	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018		-		
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

INCORPORATED 56-1869247 Page 8 Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

**Schedule of Contributors** 

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

Employer identification number

56-1869247

Organization type (check опе):						
Filers of	<b>:</b>	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	-	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

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

Name of organization

**Employer identification number** 

BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

56-1869247

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Habitat for Humanity of NC, Inc.  1053 E Whitaker Mill Rd  Raleigh, NC 27604-5305	\$ 280,487.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Cannon Foundation, Inc.  P.O. Box 548  Concord, NC 28026	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Duke Energy P.O. Box 1094 Charlotte, NC 28201	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GFL Environmental P.O. Box 791519 Baltimore, MD 21279	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization

BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

Employer identification number

56-1869247

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

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

Name of organization

**Employer identification number** 

BRUNSWICK	COUNTY	HABITAT	FOR	HUMANITY

INCOR	PORATED			56-1869247					
Part III	Exclusively religious, charitable, etc., contribution	s to organizations described in s	ection 501(c)(7), (8), or (10)	that total more than \$1,000 for the yea					
	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, cha	ritable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info.	once.) \$					
	Use duplicate copies of Part III if additional sp	ace is needed.		· · · · · · · · · · · · · · · · · · ·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
				····					
-		(-) Transfer of all	<u> </u>						
		(e) Transfer of git	π						
	Transferee's name, address, and	i ZiP + 4	Relationship of tra	nsferor to transferee					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
- I CIT									
ļ	L								
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
Ī	11410.0.000 1141110, 4441.000, 411								
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Faiti									
	(e) Transfer of gift								
	Transferee's name, address, and	17IP + 4	Relationship of transferor to transferee						
•									
(a) No	Γ.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
<u> Faiti</u>									
		(e) Transfer of git	<b>It</b>						
	Transferee's name, address, and	17IP + 4	Relationship of tra	nsferor to transferee					
ļ	Transferoe o Harne, address, and		Troid do noting of the						
		I -							

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. BRUNSWICK COUNTY HABITAT FOR HUMANITY

INCORPORATED

**Employer identification number** 56-1869247

Pa	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		is or Accounts. Complete if the		
	organization answered Tes Off Offi 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts		
_	Total sumbanat and of user	(a) Donor advised funds	(b) I dilas and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year		land for de		
5	Did the organization inform all donors and donor advisors in	~			
_	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a		-		
	for charitable purposes and not for the benefit of the donor of	, , ,			
Pa		registion answered Weet on Form 000			
	<u> </u>		, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization		of a laintania allusiana antoné londone		
	Preservation of land for public use (for example, recrea	·	of a historically important land area		
	Protection of natural habitat	Preservation o	of a certified historic structure		
_	Preservation of open space		de la companya de la		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	n of a conservation easement on the last  Held at the End of the Tax Year		
	day of the tax year.				
а	Total number of conservation easements		l l		
þ					
С	Number of conservation easements on a certified historic str		2c		
d	Number of conservation easements included in (c) acquired				
	historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	ne organization during the tax		
	year				
4	Number of states where property subject to conservation ear	-			
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements i				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conserv	ration easements during the year		
•	Allount of expenses incurred in monitoring, inspecting, name	and of violations, and officions contour	ation decomente daming the year		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	· · ·			
9	In Part XIII, describe how the organization reports conservati				
	balance sheet, and include, if applicable, the text of the footr				
	organization's accounting for conservation easements.	-			
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (	Other Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works		
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in	furtherance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>		
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A		•		
а	Revenue included on Form 990, Part VIII, line 1		<b></b> \$		
	Assets included in Form 990, Part X				

_	dule D (Form 990) 2022 INCORPO								<u>6924</u>		age 2
Pa	rt III   Organizations Maintaining C	Collections of A	<u>rt, His</u>	torical Tr	easures,	or Other	<u>Similar</u>	<u>Asse</u>	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make sig	nificant us	e of its			
	collection items (check all that apply):			•							
а	Public exhibition		, $\square$	Loan or exc	hange progr	am					
b	Scholarly research				ge preg.						
	Preservation for future generations		· L								
C	<del>-</del>	allastians and avala	in how t	hav furthar t	ha araanizat	ian'a avam	nt nurnana	in Bor	VIII		
4	Provide a description of the organization's c							mean	AIII.		
5	During the year, did the organization solicit of								٦.,		٦
_	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered	"Yes" on F	orm 990, F	'art IV, I	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not ir	ncluded		,		-,
	on Form 990, Part X?			• • • • • • • • • • • • • • • • • • • •				└_	Yes	LX	] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year							•			
							1 1				
_	Distributions during the year										
f	Ending balance	000 D. LV II.						T	1,,,,		1
	Did the organization include an amount on F									X	ا No
	If "Yes," explain the arrangement in Part XIII.									<u> </u>	
Pai	t V Endowment Funds. Complete							<del> </del>			<del></del>
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	) Three year	s back	(e) Foul	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
	Administrative expenses										
					<del> </del>						
_	End of year balance		- 40 4		)						
2	Provide the estimated percentage of the cur	•	e (line 1	g, column (a	i)) neid as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment										
C	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for the	•				
	organization by:									Yes	No
	(i) Unrelated organizations								- 3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the					•••••		•••••••			
	t VI Land, Buildings, and Equipm		WITTOTIL	idiido.							
	Complete if the organization answere		) Part I	/ line 11a S	See Form 990	) Part X lii	ne 10				
									/d\ D==	le reche	
	Description of property	(a) Cost or o basis (investr		, , ,	or other	\ - <i>y</i>	umulated eciation		( <b>d</b> ) Boo	r value	<del>U</del>
		,	nem)		(other)	depr		$+\!-$		7 0	77
	Land				7,077.	<b>.</b>		.—		7,0	
	Buildings			2,12	8,912.	5	<u>83,985</u>	<u>'•</u>	<u>1,54</u>	4,9	27.
	Leasehold improvements						2 2 2 2	+			
d	Equipment			17	9,092.	1	<u>31,422</u>		4	7,6	<u>70.</u>

2,259,674. Schedule D (Form 990) 2022

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

Schedule D (Form 990) 2022 INCORPORATED

56-1869247 Page 3

Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Pa	art 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)		
(A) (B) (C)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Program Properties	1,482,585.	Cost
(2)		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1.482.585.	

### 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)	
tal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

### 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.

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

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 ... X

BRUNSWICK COUNTY HABITAT FOR HUMANITY 56-1869247 Page 4 INCORPORATED Schedule D (Form 990) 2022 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,604,477. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities 2c c Recoveries of prior year grants 18,436 d Other (Describe in Part XIII.) 18,436. Add lines 2a through 2d 2e 2,586,041. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,236,639. Total expenses and losses per audited financial statements ..... Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities b Prior year adjustments 2b c Other losses d Other (Describe in Part XIII.) 18,436. e Add lines 2a through 2d 2,218,203. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part IV, line 2b: Habitat holds homeowner escrow funds in a restricted cash account until related payments are due. Part X, Line 2:

The organization is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code. Additionally, it does not generate business income unrelated to its exempt purpose and therefore has made no provision for income taxes or uncertain tax positions in the financial statements. Habitat's income tax returns for years ended after June 30, 2020, remain open for examination.

Schedule D (Form 990) 2022 INCORPORATED	56-1869247 Page 5
Schedule D (Form 990) 2022 INCORPORATED  Part XIII   Supplemental Information (continued)	
Part XI, Line 2d - Other Adjustments:	
Special events expense netted with revenue	
DECIAL CVCIED CAPCIDE INCOME WITH LOVELLE	
Don't with the Od Other Addressments.	
Part XII, Line 2d - Other Adjustments:	
Special events expense netted with revenue	
	4,44

### **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Department of the Treasury Internal Revenue Service

BRUNSWICK COUNTY HABITAT FOR HUMANITY TMCOPPOPATIED

Employer identification number 56-1869247

INCORPO					120-1003	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> </ul>	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
1 Indicate whether the organization rais		na acti	vities	Check all that apply		
	· · · · · · · · · · · · · · · · · · ·	_		overnment grants	•	
			_	_		
b Internet and email solicitations			-	nment grants		
c Phone solicitations	g L Special	fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individua	(inclu	ding o	fficers, directors, tru	stees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional t	fundraising services?	Yes	No
b If "Yes," list the 10 highest paid indi-						oe .
compensated at least \$5,000 by the	•		•			
		<del></del>				<del></del>
		(iii)	Did		(v) Amount paid to (or retained by)	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	fundraiser have custody	have custody I	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)	, , ,	I or cor	trol of from activity		listed in col. (i)	organization
		Yes	No			
		<del> </del>				
		<b>-</b>				
		<u> </u>				
					!	
Total						
3 List all states in which the organization	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it is exempt from re	egistration
or licensing.						

INCORPORATED

56-1869247 Page 2

Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990			ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf		None	' '
			Tournament			(add col. (a) through
				(	(4 - 4 - 1	col. (c))
Φ	1		(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	17,337.			17,337.
ď	•		2.700			
	١.					
	2	Less: Contributions		<del> </del>		
	3	Gross income (line 1 minus line 2)	17,337.			17,337.
	4	Cash prizes				
	•					
	_	At a section of an				
"	5	Noncash prizes				
Š						
Ē	6	Rent/facility costs				
꼾						
Direct Expenses	7	Food and beverages				
<u>ĕ</u>	′	Tood and beverages				
			İ			
	8	Entertainment				40.40
	9	Other direct expenses	18,436.			18,436.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			18,436.
	11	Net income summary. Subtract line 10 from li	ine 3. column (d)			-1,099.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
		Ψ10,000 011 0111 000 EE, iiile 0a.		(In) Dull taba (instant		(d) Total gaming (add
φ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				piligo/progressive piligo		coi. (a) trilodgit coi. (c))
<u>§</u>						
щ	1	Gross revenue				
					_	
	9	Cash prizes				
Šes	~	Oddit prizod	· · · · · · · · · · · · · · · · · · ·			
Direct Expenses						
옸	3	Noncash prizes				
Ħ						
<u>ĕ</u> .	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	_	Volunteer labor		No No	No No	
	6	Volunteer labor	No	IL NO	I NO	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)	•••••		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	icts gaming activities.			
-		-				Yes No
		he organization licensed to conduct gaming a	ctivities in each of these	states?		. L tes L No
b	If "	No," explain:				
	_					
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
				•	-	
h	If "	Yes." explain:				
b	If "	Yes," explain:			· · · · · · · · · · · · · · · · · · ·	
b	If " —	Yes," explain:				

Sch	edule G (Form 990) 2022	INCORPORATED		<u>56-18</u>	<u> 3692</u>	47	Page 3
11	Does the organization conduct g	aming activities with nonme	mbers?			es	☐ No
12	Is the organization a grantor, ben	eficiary or trustee of a trust,	, or a member of a partnership or other entity formed		Y	es	□ No
13	Indicate the percentage of gamin						
	The organization's facility				13a		<u>%</u>
					13b		<u>%</u>
14			organization's gaming/special events books and reco				
	Name						
	Address					<del>.</del>	
15	Does the organization have a cor	ntract with a third party from	whom the organization receives gaming revenue? $_{\dots}$	i	Y	es	☐ No
ı	If "Yes," enter the amount of gan			nount			
	of gaming revenue retained by th						
•	: If "Yes," enter name and address	of the third party:					
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						<del></del>
							<del></del>
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
á		r state law to make charitab	le distributions from the gaming proceeds to				
	retain the state gaming license?				Y	es	No
ı		•	be distributed to other exempt organizations or spen	t in the			
D	organization's own exempt activi		B anations required by Part I, line 2b, columns (iii) and (	A. and Dort	III line	- 0 0	h 10h
			anations required by Part I, line 2b, columns (III) and (I ny additional information. See instructions.	n); and Part	111, 18116		
_							
							<del></del>
_							

# BRUNSWICK COUNTY HABITAT FOR HUMANITY Schedule G (Form 990) INCORPORATED Part IV Supplemental Information (continued) 56-1869247 Page 4

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRUNSWICK COUNTY HABITAT FOR HUMANITY INCORPORATED

Employer identification number 56-1869247

Form 990, Part VI, Section B, line 11b:
An independent CPA prepares the return in conjunction with the audit. A
draft is reviewed by the Treasurer and Executive Director and made
available to the entire board. Inquiries and comments are invited.
Form 990, Part VI, Section B, Line 12c:
Board members are reminded at each board meeting to immediately disclose if
they are aware of any issue that might constitute a conflict of interest.
Form 990, Part VI, Section B, Line 15:
Executive committee determines by reviewing wage comparison data.
Form 990, Part VI, Section C, Line 19:
The organization's audited financial statements and Form 990 are available
on its website. Also, Form 990 is available at guidestar.org. In addition,
governing documents and the 990 are available directly from the
organization upon request.