FOR TAX YEAR 2023

HABITAT FOR HUMANITY HORRY COUNTY

Wayne E Fussaro CPA PC 1015 Surf Pine Drive Surfside Beach, SC 29575 (843)712-2704

Wayne E Fussaro CPA PC

1015 Surf Pine Drive Surfside Beach, SC 29575 wfussaro@wefcpa.com Phone: (843)712-2704 | Fax:

February 28, 2025

Habitat for Humanity Horry County 165 Co Op Road Myrtle Beach, SC 29588

Habitat for Humanity Horry County:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Habitat for Humanity Horry County from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (843)712-2704.

Sincerely,

Wayne E Fussaro CPA Wayne E Fussaro CPA PC

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1015 Surf Pine Drive Surfside Beach, SC 29575 wfussaro@wefcpa.com Phone: (843)712-2704 | Fax:

February 28, 2025

Habitat for Humanity Horry County 165 Co Op Road Myrtle Beach, SC 29588

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (843)712-2704.

Sincerely,

Wayne E Fussaro CPA Wayne E Fussaro CPA PC

	Acknowledgement and General Information for Entities That File Returns Electronically	2023
Name(s) as shown on return		Tax ID Number
Habitat for Hum	anity Horry County	**-***2014
Entity address		
165 Co Op Road	1	
Myrtle Beach,		
Thank you for par	ticipating in IRS e-file.	
2. x 8868-01 an electronic sign	ng services were provided by Wayne E Fussaro CPA PC	ed electronically.
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURI OU DO, IT WILL DELAY THE PROCESSING OF THE R	

orm	99	0

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Under section 501(c), 527	7, or 4947(a)(1) of the Inte	ernal Revenue Code (excep	t private foundations)
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Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2023 calendar year, or tax year beginning 07-01 2023, and ending 06-30 ,2024 Α в Check if applicable: C Name of organization Habitat for Humanity Horry County D Employer identification number Address change Doing business as 57-0912014 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 165 Co Op Road (843)650 - 8815Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Myrtle Beach, SC 29588 4,447,138 \$ П Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes | No **X** 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status:) (insert no.) J Website: https://habitathorry.org/ H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1990 M State of legal domicile: SC Part I Summary 1 Briefly describe the organization's mission or most significant activities: Seeking to put God's love into action, Habitat for Humanity of Horry County (HFHHC) brings people together to build homes, communities and Activities & Governance hope. The vision of the organization is a world where everyone has a decent place to live. Check this box 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) 3 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 . . . 49 6 Total number of volunteers (estimate if necessary) 6 550 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 1,224,372 1,249,921 Revenue 9 1,453,146 1,278,160 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11,701 29,512 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,790,478 1,848,144 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,479,697 4,405,737 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 1,505,749 1,276,001 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,720,142 2,005,431 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) b 256,689 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,036,648 1,409,250 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 4,262,539 4,690,682 19 217,158 (284, 945)**Beginning of Current Year** End of Year Net Assets or Fund Balances Total assets (Part X, line 16) . . . 20 10,255,976 12,832,085 21 Total liabilities (Part X, line 26) 2,068,134 4,929,188 22 Net assets or fund balances. Subtract line 21 from line 20 8,187,842 7,902,897 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

	Meagan Micha	l, Direct	or							
Sign	Signature of officer					Date				
Here	Meagan Michal, Director, Executive Director									
•	Type or print name and title									
	Print/Type preparer's name		Preparer's signature	Date	Check X i	f PTIN				
Paid	Wayne E Fussaro	CPA	Wayne E Fussaro CPA	02-28-2025	self-employed	P00337376				
Preparer	Firm's name	Wayne E	Fussaro CPA PC		Firm's EIN					
Use Only	Firm's address	1015 Sur	Phone no.							
Surfside Beach SC 29575 843-712-23										
May the IRS	May the IRS discuss this retum with the preparer shown above? See instructions									

	990 (2023) Habitat for Humanity Horry County	57-0912014	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	Seeking to put God's love into action, Habitat for Humanity of Horry County		
	together to build homes, communities and hope. The vision of the organizati	on is a wor	ld where
	everyone has a decent place to live.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	🏾 Yes	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	🗌 Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,883,396 including grants of \$) (Revenue	\$)
	To organize and utilize the resources of volunteer labor and donated/discour		
	materials to build homes for deserving individuals who do not qualify for co	nventional 1	mortgage
	loan funding.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,883,396		

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Pa	rt 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 L	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		x
0	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	0		
5	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
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,			
	VII, VIII, IX, or X, as applicable.			
а				
	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 VIL	11b		x
с				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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		х
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		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		х
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 JV.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
~~	If "Yes," complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X (2022)

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Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		
~~	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	00		
04-	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	0.4-		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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	0.4-		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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?	054		
20	If "Yes," complete Schedule L, Part I	25b		х
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%	26		
27	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 entity (including an employee thereof) or family member of any of these	27		
20	persons? If "Yes," complete Schedule L, Part III	21		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	290		v
h	"Yes," complete Schedule L, Part IV	28a		X
b		28b		x
С	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		v
29	"Yes," complete Schedule L, Part IV	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		x
30	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		x
52	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		•
55	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,			л
54	or IV, and Part V, line 1	34		x
35a	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	000		л
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		л
	related organization? 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			л
0,	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			л
00	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par		00	1 22	L
ı al	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	x	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		x
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			
Ŭ	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h		79 7h		x
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	///		x
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		x
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	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		x
	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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Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	ora"l	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See il	nstruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		x
	If "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?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed South Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I 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.			

Meagan Michal (843)650-8815, 165 Co Op Road, Myrtle Beach, SC 29588

Form 990 (202	3) Habitat for Humanity Horry County	57-0912014	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, 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 En	nployees	
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with o ax year.	r within the	
	the organization's current officers, directors, trustees (whether individuals or organizations), regardles Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s of amount of	
 List all of 	the organization's current key employees, if any. See the instructions for definition of "key employee."		
12-04-0-0	and the first of the second of the second		

• 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 instructions for the order in which to list the persons above.

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

		(C)							
(A)	(B)	Position					(D)	(E)	(F)
Name and title	Average	· ·				han one	Reportable	Reportable	Estimated amount
	hours	box, unless person i officer and a director					compensation	compensation	of other
	per week						from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any	or	Ins	Off	Ke	Hiç em	01099-MISC/	1099-MISC/	organization and
	hours for related	direc	tituti	Officer	y em	hest	1099-MISC/ 1099-NEC)	1099-NEC)	related organizations
	organizations	or director	Institutional trustee		Key employee	ee			
	below	usien	trust		ee	npen			
	dotted line)	"	, ee			Highest compensated employee			
						<u>م</u>			
(1)Meagan Michal	40.00								
Executive Director (current)				х			106,722	0	0
(2)Jenn DeLuca	2.00								
Board Member		x					0	0	0
(3)Lena Brown	2.00		•						
Board Member		x					0	0	0
(4)Ryan Earnest	5.00								
Treasurer		х					0	0	0
(5)Angelika Senn	2.00								
Board Member		х					0	0	0
(6)Atiya Sockes-Brown	2.00								
Board Member		х					0	0	0
(7)Cedric White	2.00								
Board Member		х					0	0	0
(8)Jacinda Wright	2.00								
Board Member		х					0	0	0
(9)Lauren Benton	2.00								
Board member		х					0	0	0
(10)Tina_Corley	2.00								
Board member		х					0	0	0
(11)Sarah McDaniel	2.00								
Board member		х					0	0	0
(12)Barrett Slaughter	2.00								
Board member		х					0	0	0
(13)Vicki Levy	5.00								
Secretary		х		х			0	0	0
(14)Mark Smaizys	2.00								
Immediate Past President		х		х			0	0	0
EEA									Form 990 (2023)

Form 990 (2023) Habitat for Humanity										912014		Page 8
Part VII Section A. Officers, Directors, Trus	stees, K	ley E	Emp	oloy	ee	s, an	d F	lighest Comp	ensated E	mploye	es (cor	tinued)
pe (li hou re orga	(B) werage hours er week ist any wurs for elated anizations below tted line)	box,	unles: er and	Pos ck m s pers	son is	han one s both ar /trustee) Highest compensated		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (M 1099-MISC/ 1099-NEC)	/-2/	(F) stimated an of othe compensa from the rganization ated organ	er ation e n and
(15)Eric Vizzini	_ 5.00	v		v				0				0
Vice President (16)Sarah Moniz	5.00	x		x				0		0		0
President		x		x				0		0		0
(17)												
(20)												
(21)												
(22)												
(23)												
(24)												
					_							
(25)												
1b Subtotal	 Δ	••		•••	•	•••	•					
d Total (add lines 1b and 1c)			 	•••		· · · ·	•	106,722		0		0
2 Total number of individuals (including but not lin	mited to								nan \$100,00	0 of		-
reportable compensation from the organization											Yes	1 No
3 Did the organization list any former officer, director, t		•				-		•				
employee on line 1a? If "Yes," complete Schedule J i										3	;	x
4 For any individual listed on line 1a, is the sum of report organization and related organizations greater than \$												
individual										4		x
5 Did any person listed on line 1a receive or accrue com												
for services rendered to the organization? If "Yes," co	omplete S	Sched	ule J	for	suc	h pers	on			5	;	х
Section B. Independent Contractors 1 Complete this table for your five highest compe	ncatod i	ndon	ond	ont	000	otracto	are	that received me	vro than \$10	1 000 of		
1 Complete this table for your five highest compe compensation from the organization. Report co		-									n's tax	year.
(A)								(B)			(C)	
Name and business address								Description of servic	es	Comp	ensation	
2 Total number of independent contractors (include	ding but	not l	imite	ed to	o th	ose li	stec	d above) who				

received more	than \$100	000 of cc	mnensation	from the	organization
Teceived more	τιπαπ φτυς	,000 01 00	Inpensation		uganization

				-		57-0912	014 Page
	Check if Schedule O contains a r	espons	e or note to any l	ine in this Part V	<u> </u>	<u></u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a Federated campaigns	1a					
	b Membership dues	1b					
ints	c Fundraising events	1c	227,249				
mor	d Related organizations	1d					
ar A	e Government grants (contributions)	1e	275,843				
mil	f All other contributions, gifts, grants,						
ŝ	and similar amounts not included above	1f	746,829				
đ	g Noncash contributions included in						
pu	lines 1a-1f	1g	\$				
σ	h Total. Add lines 1a-1f			1,249,921			
			Business Code				
	2a Sale of Homes		531390	895,500	895,500		
Other Revenue Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b Interest home mortgages		522292	316,938	316,938		
ent	c Donated land/materials		531390	54,365	54,365		
Rev	d <u>Miscellaneous</u>		900099	11,357	11,357		
-	f All other program service revenue						
	g Total. Add lines 2a-2f			1,278,160			
				1,270,100			
	3 Investment income (including dividends, i other similar amounts)			29,512	29,512		
	4 Income from investment of tax-exempt bo				,		
	5 Royalties	•					
	(i) R		(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
	7a Gross amount from (i) Secu	rities	(ii) Other				
	sales of assets						
0	other than inventory 7a						
	b Less: cost or other basis						
	and sales expenses						
2	c Gain or (loss) 7c d Net gain or (loss)						
2	8a Gross income from fundraising						
	events (not including \$ 227,24	9					
	of contributions reported on line	-					
	1c). See Part IV, line 18	. 8a					
	b Less: direct expenses						
	c Net income or (loss) from fundraising even	ents .					
	9a Gross income from gaming						
	activities. See Part IV, line 19	. 9a					
	b Less: direct expenses	. 9b	41,401				
	c Net income or (loss) from gaming activitie	es <u></u>		(41,401)			(41,40
	10a Gross sales of inventory, less						
	returns and allowances						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of invent	ory		1,889,545	1,889,545		
			Business Code				
a	11a						
nue	b						
Keve					<u> </u>		
Ľ	d All other revenue		L				
	e Iotal. Add lines 11a-11d						

(2023) Habitat for Humanity Horry County

000	Check if Schedule O contains a response or				
Dor	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<u></u> (D)
	b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising expenses
<u>00, s</u> 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	-				
2	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 076 001	1 086 001		
•	individuals. See Part IV, line 22	1,276,001	1,276,001		
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	106,722	80,042	16,008	10,672
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	1,475,996	1,106,996	221,400	147,600
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	22,009	16,507	3,301	2,201
9	Other employee benefits	278,530	208,897	41,780	27,853
10	Payroll taxes	122,174	91,631	18,326	12,217
11	Fees for services (nonemployees):				
а	Management	19,830	15,269	4,561	
b	Legal	927	714	213	
с		47,000	36,190	10,810	
d					
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				
3	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	89,373	69,711	4,469	15,193
13	Office expenses	69,398	42,391	19,702	7,305
14	Information technology	91,593	38,469	35,721	17,403
15	Royalties	91,595	30,409	35,721	17,403
16		247 622	226 764	10,429	10,429
10		347,622	326,764	10,429	10,429
17	Travel	142,318	142,318		
10					
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,033	23,701	11,851	1,481
20		39,478		39,478	
21	Payments to affiliates	40,500	40,500		
22	Depreciation, depletion, and amortization	66,999		66,999	
23		91,809	77,650	14,159	
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	Bank and credit card fees	58,045	51,080	6,675	290
b	Telephone/other EE expenses	26,459	16,669	8,202	1,588
C	Maintenance/landscaping/pest	152,674	139,166	11,479	2,029
d	Homebuyer/neighborhood/volun	82,027	77,243	4,664	120
е	All other expenses	6,165	5,487	370	308
25	Total functional expenses. Add lines 1 through 24e	4,690,682	3,883,396	550,597	256,689
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				
	following SOP 98-2 (ASC 958-720)				
		· .			E

Form	990 (20	23) Habitat for Humanity Hom	ry C	County	5'	7-09	12014 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	y line in this Part X			<u></u>
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash - non-interest-bearing			35,816	1	280,470
	2	Savings and temporary cash investments			1,765,149	2	467,174
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	,				
		trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers					
		under section 4958(f)(1)), and persons described in sec				6	
ŝ	7	Notes and loans receivable, net			5,922,987	7	6,197,322
Assets	8	Inventories for sale or use			627,451	8	1,076,408
Ä	9	Prepaid expenses and deferred charges	•••		44,175	9	123,005
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,448,463		40-	1 000 000
	b		10b	545,481	1,860,398	10c	1,902,982
	11	Investments - publicly traded securities				11 12	
	12 13	Investments - other securities. See Part IV, line 11				12	
	14	Investments - program-related. See Part IV, line 11 .				14	
	14	Intangible assets Other assets. See Part IV, line 11				14	2 7 9 4 7 2 4
	16	Total assets. Add lines 1 through 15 (must equal line 3			10,255,976	16	2,784,724 12,832,085
	17	Accounts payable and accrued expenses			118,732	17	12,832,085
	18	Grants payable			110,752	18	101,915
	19	Deferred revenue			434,750	19	240,551
	20	Tax-exempt bond liabilities			1517750	20	2107551
	21	Escrow or custodial account liability. Complete Part IV o				21	
6	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
abil		controlled entity or family member of any of these perso				22	
Ξ	23	Secured mortgages and notes payable to unrelated thir	d parti	es	1,514,652	23	1,449,376
	24	Unsecured notes and loans payable to unrelated third p	arties	•••••		24	
	25	Other liabilities (including federal income tax, payables t	o relat	ed third			
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D				25	3,057,346
	26	Total liabilities. Add lines 17 through 25			2,068,134	26	4,929,188
		Organizations that follow FASB ASC 958, check here	e X				
ŝ		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			8,164,711	27	7,902,731
3ala	28				23,131	28	166
Ы		Organizations that do not follow FASB ASC 958, che	ck he	re			
Eu		and complete lines 29 through 33.					
3 or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equipment		• • • • • • • • • • • • • • • • • • •		30	
As	31	Retained earnings, endowment, accumulated income, of			0.107.010	31	E 000 007
Net	32	Total net assets or fund balances			8,187,842	32	7,902,897
EEA	33	Total liabilities and net assets/fund balances	•••		10,255,976	33	12,832,085 Form 990 (2023)
LLA							1 0111 330 (2023)

Form	990 (2023) Habitat for Humanity Horry County	57-091201	4	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	405,	737
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	690,	682
3	Revenue less expenses. Subtract line 2 from line 1	3	(284,	945)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,	187,	842
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	7,	902,	897
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
-			-	Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
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		3b		
EEA			Forn	n 990	(2023)

SCHE	DUL	ΕA
(Form	990)	

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.	
------------------------------------	--

OMB	No.	1545-0047

. I. I.

		t of the Treasury		Attac	n to Form 990 or Form	990-EZ.			Open to Public
Interna	al Re	venue Service	Go to www.irs.gov/Formaso for instructions and the latest information.						
Name	of th	ne organization						Employer identificatio	n number
Habi	tat	t for Human	nity Horry Co	ounty				57-091201	4
Par	t I	Reason	for Public Cha	rity Status. (Al	II organizations mus	t comple	ete this p	oart.) See instructi	ons.
The o	rgar	ization is not a p	private foundation be	ecause it is: (For lir	nes 1 through 12, check o	only one bo	ox.)		
1		A church, conv	ention of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)		
2		A school descri	bed in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990)).)			
3	\square	A hospital or a	cooperative hospita	al service organizat	ion described in section	170(b)(1)	(A)(iii).		
4	Π	A medical rese	arch organization o	perated in conjunct	tion with a hospital desci	ibed in se	ction 170	(b)(1)(A)(iii). Enter the	
			, city, and state:						
5	\square	An organization	operated for the be	enefit of a college o	r university owned or ope	erated by a	a governm	ental unit described in	
		-	(1)(A)(iv). (Comple	-	, ,	,	0		
6	Π	. ,		,	I unit described in section	on 170(b)(1)(A)(v).		
7	x		-	•	art of its support from a g			rom the general public	
		-	ction 170(b)(1)(A)(
8	\square				(vi). (Complete Part II.)				
9	П	-			ction 170(b)(1)(A)(ix) o	perated in	coniunctio	n with a land-grant col	lege
•		-	-		(see instructions). Enter			-	
		university:	a non lana gran co	loge el agricaliare	(000		ony, and o		
10	_		that normally recei	ves (1) more than 3	33 1/3% of its support fro	m contribu	itions, men	bership fees, and gros	s
		receipts from a	ctivities related to its	s exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its	-
					business taxable income e section 509(a)(2). (Co) from businesses	
11			0		to test for public safety.			n	
12	Н	0	0 1	,	or the benefit of, to perform				ses of
		•	•	•	ed in section 509(a)(1)				
					pe of supporting organiza				
а		_	-		ervised, or controlled by i			-	ivina
u					rly appoint or elect a ma		-		i i i i i i i i i i i i i i i i i i i
					rt IV, Sections A and B				
b		•	•		controlled in connection		nnorted or	manization(s) by having	na
D					ation vested in the same				-
			n(s). You must cor					i manage the support	
с					rganization operated in c	onnection	with and	functionally integrated	with
Ŭ					ou must complete Par				with,
d					ing organization operate				tion(s)
u					n generally must satisfy a				
					ete Part IV, Sections A				55
е		_ '		· · ·	en determination from the				
c					integrated supporting of			і, туре ії, туре ії	
f	F	-	of supported organ			-			
			ring information abo						
g		i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(n name of supported	organization		(described on lines 1-10	listed in you	•	support (see	other support (see
					above (see instructions))	docum	nent?	instructions)	instructions)
						Yes	No		
						100	110		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part	ule A (Form 990) 2023 Habitat for t II Support Schedule for Organiza				$(1)(\Delta)(iv)$ and	57-091201	
rai	(Complete only if you checked th						
	Part III. If the organization fails to						
Sact	ion A. Public Support	quality unde		steu below, p	lease comple		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calei	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(e) 2023	(1) 101ai
	membership fees received. (Do not						
		408 348	604 106	1 004 251	1 004 000	1 040 001	4 5 3 0 1 1 5
2	include any "unusual grants.") Tax revenues levied for the	407,347	624,126	1,024,351	1,224,372	1,249,921	4,530,117
2							
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	407,347	624 126	1 004 251	1 224 272	1 240 021	4 520 11
4 5	The portion of total contributions by	407,347	624,126	1,024,351	1,224,372	1,249,921	4,530,117
5	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)						1,401,302
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support						3,128,819
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	407,347		1,024,351			4,530,11
8	Gross income from interest, dividends,	107,317	024,120	1,021,331	1,221,372	1,249,921	4,550,11
Ũ	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	238,171	239,335	283,473	309,211	346,450	1,416,640
9	Net income from unrelated business	2507171	2337333	2037173	5057211	5107150	1/110/01
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,946,757
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	0,010,10
13	First 5 years. If the Form 990 is for the or					a section 501(c)(3)
	organization, check this box and stop her						
Sect	ion C. Computation of Public Suppor						<u> </u>
14	Public support percentage for 2023 (line 6			11, column (f))		14	52.61 %
15	Public support percentage from 2022 Sch		-			15	59.92 %
16a	33 1/3% support test - 2023. If the organ					1/3% or more,	
	box and stop here. The organization qual						
b			• • • •	-			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202			-			
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	=		_
b							
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-	=		· · · _
18	Private foundation. If the organization di						·
	instructions						

Schedu	le A (Form 990) 2023 Habitat for					57-091201	4 Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2))		
	(Complete only if you checked th	e box on line	10 of Part I of	or if the orgar	nization failed	to qualify une	der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6							
6 70	5						
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fil	fth tax year as a	a section 501(d	:)(3)
	organization, check this box and stop her	e					П
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	-		3, column (f))		15	%
16	Public support percentage from 2022 Sch		•			16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2022			•		18	%
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2022. If the organizati		-	-			
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di	-	-			-	

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 Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b С Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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. 6 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). 7 8 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). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a 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. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

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.)

10b

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
ecti	on C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			

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

1	Check the box next to the m	ethod that	the organization	used to satisfy the Integral Part	Test during the year (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.*
- С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes
- 2 Activities Test. Answer lines 2a and 2b below.
- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- а 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 b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

2a

2b

3a

3b

No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (exp	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Secti	ons A through E.
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	Net shout to use a sector sector	4		(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ē		
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	-	tegrated Type III suppor	ting organization

Habitat for Humanity Horry County

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

57-0912014

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	e A (Form 990) 2023 Habitat for Humanity Horr		57-09		4 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(B) Supporting Organ	zations (continuea	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets		4	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) !	5	
6	Other distributions (describe in Part VI). See instructions.		(6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.		8	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				
EEA				Sch	edule A (Form 990) 2023

Schedule A (F	orm 990) 2023 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2023

Name of the organization	Employer identification number		
Habitat for Humanity Horry County	57-0912014		
Organization type (check one):			

Filers of:	Section:
Form 990 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 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

SCHEDULE D	
(Form 990)	

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.

OMB No. 1545-0047 2023

Allaci	lo Foim 990.
Go to www.irs.gov/Form990 for	instructions and the latest information.

Open to Public Inspection

Employer identification number

Habit	at for Humanity Horry County	57-0912014
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	
2	easement on the last day of the tax year.	Held at the End of the Tax Year
2	Total number of conservation easements	2a
a h	Total acreage restricted by conservation easements	
b		
C	Number of conservation easements on a certified historic structure included on line 2a	2C
d	Number of conservation easements included on line 2c, acquired after July 25, 2006, and not	
•	on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	rganization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense si	
	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desi	cribes the
	organization's accounting for conservation easements	
Par		other Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bal	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	jain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

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

Schedu	le D (Form 990) 2023 Habitat for Humani	ty Horry County			57-09120)14	Page 2
Par	t III Organizations Maintaining Col	lections of Art, Hist	orical Trea	sures, or Ot	her Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, accession, a	and other records, check a	ny of the following	ng that make sig	nificant use of its		
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain how they	further the orga	anization's exem	npt purpose in Part		
	XIII.	, ,	0				
5	During the year, did the organization solicit or rec	eive donations of art, histo	rical treasures.	or other similar			
•	assets to be sold to raise funds rather than to be					Yes	No
Par		-					
	Complete if the organization ans		n 990. Part l	V. line 9. or i	eported an amo	ount on F	orm
	990, Part X, line 21.			.,,			
1a	Is the organization an agent, trustee, custodian or	other intermediary for cor	tributions or oth	ner assets not			
						Yes	No
b	If "Yes," explain the arrangement in Part XIII and						
		complete the following tac	<i>.</i>		Amo	unt	
~	Beginning balance			10		un	
с с	Additions during the year						
d	Distributions during the year						
e r	Ending balance						
f	Did the organization include an amount on Form						
2a	If "Yes," explain the arrangement in Part XIII. Ch				•		∐ No
b Par		eck here if the explanation	has been provi	ded on Part All	•••••	• • • • •	
Γαι	Complete if the organization ans	word "Ves" on Form	000 Part I	V line 10			
						() =	
4.) Current year (b) Price	or year (C)	Two years back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance						
b							
С	Net investment earnings, gains, and						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
t	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current y		column (a)) held	d as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment%						
С	Term endowment%						
	The percentages on lines 2a, 2b, and 2c should e						
3a	Are there endowment funds not in the possession	in of the organization that a	are held and adr	ministered for the	9	_	1
	organization by:					Y	'es No
	(i) Unrelated organizations?			•••••		3a(i)	
	(ii) Related organizations?			• • • • • • •		3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required on Sc	hedule R?			3b	
	Describe in Part XIII the intended uses of the org	ganization's endowment fu	nds.				
Par	t VI Land, Buildings, and Equipme	nt					
	Complete if the organization ans	wered "Yes" on Forn	n 990, Part I	<u>V, line 11a. S</u>	See Form 990, I	Part X, lin	ie 10.
	Description of property	(a) Cost or other basis	(b) Cost or other		Accumulated	(d) Book v	alue
		(investment)	(other)	d	epreciation		
1a	Land						
b	Buildings	1,896,273			143,988	1,75	2,285
С	Leasehold improvements						
d	Equipment	552,190			401,493	15	0,697
e	Other						
Total.	Add lines 1a through 1e. (Column (d) must equa	I Form 990. Part X. line 10	c. column (B).			1,90	2,982

Schedule D	(Form	990)	2023
	(· •····	••••,	

EEA

Schedule D (Fo	/	Habitat for Huma	nity Horry C	County		57	-0912014	Page 3
Part VII		s - Other Securities						
	Complete if t	he organization answere	d "Yes" on For	m 990, Par	t IV, line 11	b. See Forr	n 990, Part X,	line 12.
		scription of security or category including name of security)		(b) Book va	alue	• •	lethod of valuation: nd-of-year market value	
(1) Financial	derivatives							
(2) Closely-he	eld equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
		Form 990, Part X, line 12, col.(B))					
Part VIII		s - Program Related						
	Complete if t	he organization answere	d "Yes" on For	<u>m 990, Par</u>	t IV, line 11	c. See Forn	n 990, Part X,	line 13.
	(a)	Description of investment		(b) Book va	alue		lethod of valuation: nd-of-year market value	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)						-		
(8)								
(9)		<u> </u>						
		Form 990, Part X, line 13, col. (E	3))					
Part IX	Other Asset							
	Complete if t	he organization answere	d "Yes" on For	m 990, Par	t IV, line 11	d. See Forr	<u>n 990, Part X,</u>	line 15.
		(a) D	escription				(b) Book	value
(1)Right o	of Use Asset						2,	,784,724
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
		orm 990, Part X, line 15 col. (B	<i>))</i>				2,	, 784 , 724
Part X	Other Liabil			000 B			-	
	line 25.	he organization answere	d "Yes" on For	m 990, Par	t IV, line 11	e or 11f. Se	e Form 990, F	Part X,
1.	(a) Description	of liability	(b) Book v	alue	_			
(1) Federal	income taxes							
(2] Lease	liability		3,0	057,346				
(3)								

(2Lease liability	3,057,346
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	3,057,346

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.

EEA

Schedu		7-0912014	Page 4
Part		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	447,138
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	447,138
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.)		
С	Add lines 4a and 4b	4c	(41,401)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	405,737
Part		er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,732,083
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	41,401
3	Subtract line 2e from line 1	3	4,690,682
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		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	4,690,682
Part			
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.

01. Other expenses not included on Form 990 (Part XII, line 2d)

Fundraising \$41,401

(Form	Schedule G Supplemental Information Regarding Fundraising or Gaming Activities (Form 990) 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. Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047 2023 Open to Public	
	Revenue Service the organization	C.	So to www.irs.gov/F	orm990 for in	structions an	id the latest information	Employer identif	Inspection
	0	nitu Ilommu Go						
Part		nity Horry Co sing Activities		e organiza	ation answ	vered "Yes" on	Form 990, Part I	12014 / line 17
i ait		0-EZ filers are n	•	-			r onn 000, r arr r	, 1110 171
1		the organization rais				ies. Check all that a	apply.	
а	Mail solicitatio	-		е Г		of non-government		
b	Internet and e	mail solicitations		f		of government grad		
с	Phone solicita	tions		g	-	draising events		
d	In-person solid	citations				-		
2a	Did the organizat	ion have a written or	oral agreement wi	th any indivi	dual (includin	ng officers, directors	s, trustees,	
	or key employees	s listed in Form 990,	Part VII) or entity i	n connectior	n with profess	sional fundraising s	ervices?	🗌 Yes 🗌 No
b	If "Yes," list the 1	0 highest paid individ	duals or entities (fu	ndraisers) p	ursuant to ag	reements under wh	ich the fundraiser is to	be
	compensated at l	east \$5,000 by the c	organization.					
						1		
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of putions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total .								
3	List all states in v registration or lice		n is registered or li	censed to so	olicit contribu	tions or has been n	otified it is exempt fror	n

Sobo	dula C	(Form 990) 2023 Hab	itat fan Ilumanitu	. Honny County	57	0912014 Page 2				
	Schedule G (Form 990) 2023 Habitat for Humanity Horry County 57-09 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or									
		than \$15,000 of fundraising				•				
		gross receipts greater than	\$5,000.							
			(a) Event #1 (b) Event #2		(c) Other events	(d) Total events				
			Golf Tourney	Annual Ask	2	(add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	44,065	57,249	125,935	227,249				
	2	Less: Contributions								
	3	Gross income (line 1								
		minus line 2)	44,065	57,249	125,935	227,249				
		·								
	4	Cash prizes								
	5	Noncash prizes								
ses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
Direct	8	Entertainment								
	9	Other direct expenses	17,431	2,883	21,087	41,401				
	10	Direct expense summary. Add lin	es 4 through 9 in column (d	(b		41,401				
	11	Net income summary. Subtract li	ne 10 from line 3, column (o	d) (b		185,848				
Pa	art III	Gaming. Complete if the or	rganization answered "۱	es" on Form 990, Part	V, line 19, or reported m	nore than				
	1	\$15,000 on Form 990-EZ, I	ine 6a.							
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue	1	Gross revenue								
	2	Cash prizes								
seuses	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
Dir	5	Other direct expenses								

_		\$15,000 0H F0HH 990-EZ, I			· · ·	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
6	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No No	□ Yes % □ No	□ Yes % □ No	
	7	Direct expense summary. Add lin	es 2 through 5 in column (d	i)		
	8	Net gaming income summary. Su	ubtract line 7 from line 1, co	lumn (d)		
9	F	nter the state(s) in which the organiz	zation conducts daming act	ivities:		
i i		the organization licensed to conduct	0 0			
I	b If	"No," explain:				
10a I		Vere any of the organization's gamin "Yes," explain:	g licenses revoked, susper			Yes 🗌 No
	_					

SCF			Gra	ants and Other	Assistance to	o Organization	S,	1	OMB No. 1545-0047
	rm 990)		Gove	rnments, and Ir	ndividuals in	the United Stat	tes		2023
•	rtment of the Treasury		Complete	e if the organization ans	swered "Yes" on For Attach to Form 990.	rm 990, Part IV, line 21	or 22.	C	pen to Public
	al Revenue Service				v/Form990 for the la	atest information.			Inspection
Name	of the organization							Employer identificat	ion number
	tat for Humanity							57-0912014	
Pai			Grants and Assis						
1	Does the organization ma								
_	the selection criteria used						•••••		. 🗴 Yes 🗌 No
	Describe in Part IV the or					the Operander States		")/ -	
Pai				pre than \$5,000. Part			rganization answered	Yes" on Form 99	J,
1				(c) IRC section		(e) Amount of	(f) Method of valuation	(g) Description of	(h) Durness of grant
	(a) Name and address of or or government	ganization	(b) EIN	(if applicable)	(d) Amount of cash grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance
(1)							ourer)		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
2	Enter total number of sec	tion 501(c)(3) ar	l nd government organiza	 ations listed in the line 1 t	able			 ••••• _	l

. . .

 Schedule I (Form 990) 2023
 Habitat for Humanity Horry County
 57-0912014

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Costs of homes constructed and					
1 non-interest bearing mortgages				Book	Housing
2Home mortgage forgiveness				Book	Debt forgiveness
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provid	le the information I	required in Part I, lin	e 2; Part III, columr	(b); and any other add	ditional information.

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

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

57-0912014

Department of the Treasury Internal Revenue Service Name of the organization

Habitat for Humanity Horry County

01. Form 990 governing body review (Part VI, line 11)

tax return is distributed electronically prior to filing

02. Conflict of interest policy compliance (Part VI, line 12c)

the board of directors monitors compliance with the conflict of interest policy throughout

the year.

03. CEO, executive director, top management comp (Part VI, line 15a)

compensation is approved by the board annually in conjunction with the budget process.

04. Governing documents, etc, available to public (Part VI, line 19)

governing documents available to the public upon request

05. List of other expenses (Part IX, line 24e)

Dues & Professional Licenses

Total: \$6,165

Program: \$5,487

Management and general: \$370

Fundraising: \$308

	1560	Depreciatio	on and A	mortizati	on		OMB No. 1545-0172	
	4562	(Including Inform	mation on I		erty)		2023	
	ment of the Treasury Revenue Service	Go to www.irs.gov/Form4562			st information.		Attachment Sequence No. 179	
Name	(s) shown on return							
Hal	bitat for Hum	anity Horry Count	FORM	1 990 - 1		57-0	912014	
Par	t I Election	To Expense Certain Property Und	ler Section	179				
	Note: If yo	u have any listed property, complete Pa	art V before y	ou complete F	Part I.		1	
1		nt (see instructions)				1		
2		tion 179 property placed in service (see				2		
3		f section 179 property before reduction			,	3		
4		tation. Subtract line 3 from line 2. If zero				4		
5		or tax year. Subtract line 4 from line 1.			•	_		
		nstructions				5		
6	(a)	Description of property	(b) Cost (busin	iess use only)	(c) Elected cost		-	
							-	
- 7	Listed property	Enter the amount from line 29		7			-	
7 8		t of section 179 property. Add amounts			7	8	-	
9		ion. Enter the smaller of line 5 or line 8				9		
10		allowed deduction from line 13 of your 2				10		
11	-	mitation. Enter the smaller of business incom				11		
12		ense deduction. Add lines 9 and 10, but				12		
13		allowed deduction to 2024. Add lines 9 a					-1	
		II or Part III below for listed property. In						
		epreciation Allowance and Other			clude listed property. Se	e inst	tructions.)	
14	Special deprecia	tion allowance for qualified property (ot	her than liste	d property) pla	ced in service			
	during the tax ye	ar. See instructions				14		
15	Property subject	to section 168(f)(1) election				15		
16	Other depreciation	on (including ACRS)	<u></u>	<u></u>	<u></u>	16	61,989	
Par	t III MACRS D	epreciation (Don't include listed pro		structions.)				
			ection A					
17		ons for assets placed in service in tax y	-	-		17		
18	•	g to group any assets placed in service		•	· _			
						0		
	Section	B - Assets Placed in Service During		ear Using the	General Depreciation	Syst	em	
(a)	Classification of prope	rty (b) Month and year (c) Basis for depreciation placed in (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) [Depreciation deduction	
19a	3-year property							
b	5-yeas paopente	ht #567					4,627	
C	7-yeas paopante	nt #568					383	
d	10-year propert	X						
e	15-year propert							
f	20-year propert				- "			
<u> </u>	7 1 1		25 yrs.		S/L			
h	Residential rent		27.5 yrs.	MM	S/L			
	property		27.5 yrs.	MM	S/L			
i	Nonresidential r		39 yrs.	MM	S/L			
	property	C Acceto Blaced in Service During	0022 Tax Va	MM or Using the	S/L		atom	
200	Class life	C - Assets Placed in Service During			S/L		Stem	
	12-year		12 yrs.		S/L S/L			
	30-year		30 yrs.	MM	S/L			
	40-year		40 yrs.	MM	S/L S/L			
		(See instructions.)	10 910.		0,2			
21		Enter amount from line 28	• • • • • • • •	• • • • • • • • •	••••••••••••••••••••••••••••••••••••••	21		
		ints from line 12, lines 14 through 17, lin		0 in column (a'	, and line 21. Enter		+	
		appropriate lines of your return. Partner				22	66,999	
23		n above and placed in service during th	-					
	portion of the ba	sis attributable to section 263A costs		<u></u>	23			
D	1 8 1 11	A of Notice can constate instructions						



Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Ide	entification	
Type or	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
print	Habitat for Humanity Horry County	57-0912014
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	· · · ·
due date for	165 Co Op Road	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Myrtle Beach SC 29588	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return	Application Is For	Return
	Code		Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

Telep • If the • If this for the	books are in the care of Meagan Michal, 165 Co Op Road Myrtle Beach SC 29588 bohone No. 843-650-8815 organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) whole group, check this box If it is for part of the group, check this box <i>i</i> th the names and TINs of all members the extension is for.		If this is If this is] and attach
1 2	I request an automatic 6-month extension of time until <u>05-15</u> , 20 <u>25</u> , to file the exen the organization named above. The extension is for the organization's return for: calendar year 20 or tax year beginning <u>07-01</u> , 20 <u>23</u> , and ending <u>06-30</u> If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final Change in accounting period		_, 20 <u>24</u> .
3a b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3a 3b	\$ \$
с 	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

Form 8879-TE

Department of the Treasury

IRS E-file Signature Authorization Y

OMB No. 1545-0047

TOF	a	lax	Exempt	Entit

For calendar year 2023, or fiscal year beginning 07-01 , 2023, and ending 06-30 ,2024

Do not send to the IRS. Keep for your records.

2023

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information							
Name of filer		EIN or SSN					
Habitat for Hur	anity Horry County	57-0912014					

Habitat for Humanity Horry County

Name and title of officer or person subject to tax

Meagan Michal, Director, Executive Director

Part	1	Type of R	eturn and	Return	Information					
8038-C 3a, 4a, 3b, 4b,	P and F 5a, 6a, 5b, 6b	^F orm 5330 fi 7a, 8a, 9a, (, 7b, 8b, 9b,	lers may ente or 10a below, or 10b, whicl	er dollars a and the a hever is a	g this Form 8879-TE ind cents. For all othe mount on that line fo oplicable, blank (do r one line in Part I.	er forms, enter wher the return being	nole dollars only. If filed with this form	you check the box on was blank, then lea	on line 1a, 2a, ave line 1b, 2b,	
1a	Form	990 check h	ere	🗌 b	Total revenue, if an	ny (Form 990, Pa	rt VIII, column (A),	line 12)	1b	
2a	Form	990-EZ chec	k here	🗌 b	Total revenue, if an	ny (Form 990-EZ,	line 9)		2b	
3a	Form	1120-POL c	heck here	🗌 b	Total tax (Form 112	20-POL, line 22)			3b	
4a	Form	990-PF chec	k here	🗌 b	Tax based on inve	stment income	(Form 990-PF, Par	t V, line 5) 	4b	
5a	Form	8868 check	here	x b	Balance due (Form	n 8868, line 3c) .			5b	0
6a	Form	990-T check	here	🗌 b	Total tax (Form 990	0-T, Part III, line 4	4)		6b	
7a	Form	4720 check	here	🗌 b	Total tax (Form 472	20, Part III, line 1)			7b	
8a	Form	5227 check	here	🗌 b	FMV of assets at e	end of tax year (F	Form 5227, Item D)		8b	
9a	Form	5330 check	here	🗌 b	Tax due (Form 533	0, Part II, line 19)			9b	
10a	Form	8038-CP che	eck here	🗌 b	Amount of credit p	payment request	ed (Form 8038-CF	P, Part III, line 22) .	10b	
Part		Declaratio	on and Sig	Inature	Authorization o	f Officer or P	erson Subject	to Tax		_
Under p	penaltie	s of perjury, l	declare that	<u> </u>	am an officer of the a	above entity or	🗌 I am a perso	n subject to tax with	respect to (name	
of entity	/)					, (EIN)		and that I have exar	mined a copy of the	
interme acknow the date (direct of retum, a 1-888-3 process the pay electron	ediate se vledgem e of any debit) er and the 353-453 sing of t ment. I nic fund	ervice provid nent of receip refund. If ap htry to the fin financial inst 7 no later th he electronic have selecte s withdrawal	ler, transmitte ot or reason fo oplicable, I auto ancial instituti itution to debi an 2 business o payment of t od a personal i	er, or elect or rejectio thorize the ion accour t the entry s days pric axes to re	above is the amount ronic return originato n of the transmission e U.S. Treasury and it at indicated in the tax to this account. To re- or to the payment (set ceive confidential info on number (PIN) as n	r (ERO) to send t , (b) the reason for s designated Fina preparation softwere voke a payment, thement) date. I al rimation necessar	he return to the IR or any delay in pro- ancial Agent to initia are for payment of the I must contact the L so authorize the fin by to answer inquirie	S and to receive fror cessing the return or ate an electronic fund the federal taxes owe J.S. Treasury Financ ancial institutions inv es and resolve issues	n the IRS (a) an r refund, and (c) ds withdrawal ed on this cial Agent at rolved in the s related to	
		e box only			70			45300		
XI	authoriz	e wayn	e E Fuss				to enter my PIN	45398	as my signature	
				ERC	firm name			Enter five numbers, do not enter all zero	,	
a re D fi	igency(i eturn's d As an off iled retu	es) regulatin disclosure co ïcer or perso m. If I have i	ng charities as onsent screen. on subject to ta indicated with	s part of th ax with res in this retu	n. If I have indicated of e IRS Fed/State prog spect to the entity, I w im that a copy of the of PIN on the retum's of	ram, I also autho ill enter my PIN a return is being file	rize the aforementions s my signature on t d with a state agen	tum is being filed wit oned ERO to enter m he tax year 2023 ele	th a state by PIN on the ctronically	
Signatur	e of offic	er or person s	ubject to tax					Date 02-18-	2025	
Part			ion and Au							
ERO's number	EFIN/P r (EFIN)	IN. Enter yo followed by	ur six-digit ele your five-digit	ectronic fil t self-seleo	ing identification ted PIN.	25	2010 /5205	,		

Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 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

02-28-2025 Date

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

252919

45398

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. EEA

Form 8879-TE

Department of the Treasury

l

IRS E-file Signature Authorization Y

OMB No. 1545-0047

T	or	a	lax	Exempt	Entit

For calendar year 2023, or fiscal year beginning 07-01 , 2023, and ending 06-30 ,2024

Do not send to the IRS. Keep for your records.

2023

57-0912014

Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		EIN or SSN

Habitat for Humanity Horry County

Name and title of officer or person subject to tax

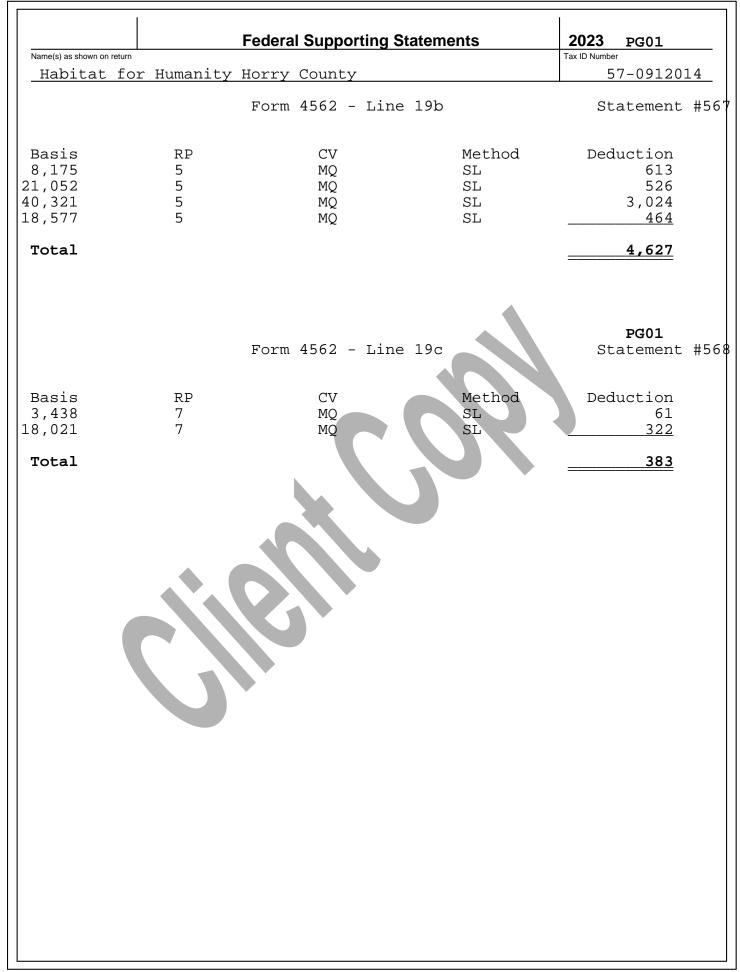
Meagan Michal, Director, Executive Director

Part	I		Ту	be	of I	Ret	urr	۱ ar	າd R	Retu	ırn	Information					
8038-0 3a, 4a, 3b, 4b ,	CP a 5a, 5b	and , 6a , 6k	Fori , 7a , 7b	n 5: 8a , 8t	330 , 9a), 9k	filer , or b , or	s m 10a 10ł	ay ei belo) , wh	nter o ow, a hiche	dolla nd th ever i	irs a ne a is ap	nd cents. For all oth mount on that line for	ner forms, enter w	blicable amount, if an hole dollars only. If y g filed with this form , if you entered -0- o	ou check the box c was blank, then lea	on line 1a, 2 ive line 1b ,	, 2b,
1a	Fo	orm	990	ch	eck	here	ə	•••	. [х	b	Total revenue, if a	any (Form 990, Pa	rt VIII, column (A), li	ne 12)	1b	4,405,737
2a	Fc	orm	990	-EZ	che	eck l	here	÷	••[b	Total revenue, if a	any (Form 990-EZ	, line 9)		2b	
3a	Fc	orm	112	0-P	OL	che	ck h	ere.	• [b	Total tax (Form 11	120-POL, line 22)			3b	
4a	Fc	orm	990	-PF	che	eck l	here	÷	••[b	Tax based on inve	estment income	(Form 990-PF, Part	V, line 5)	4b	
5a	Fc	orm	886	8 c	hecl	k he	re .	•••	••[b	Balance due (Forr	m 8868, line 3c).			5b	
6a	Fc	orm	990	- T (chec	ck he	ere.	•••	. [b	Total tax (Form 99	90-T, Part III, line	4)		6b	
7a	Fc	orm	472	0 c	hecl	k he	re .	•••	. [b	Total tax (Form 47	720, Part III, line 1)		7b	
8a	Fc	orm	522	7 c	hecl	k he	re .	•••	••[b	FMV of assets at	end of tax year (Form 5227, Item D)		8b	
9a	Fc	orm	533	0 c	hecl	k he	re .	•••	. [b	Tax due (Form 533	30, Part II, line 19)		9b	
10a	Fc	orm	803	8-C	P c	hecl	k he	re	. [b	Amount of credit	payment reques	ted (Form 8038-CP,	Part III, line 22) .	10b	
Part	II		De	cla	rat	ion	an	d S	រign	atu	re	Authorization of	of Officer or F	Person Subject	to Tax		
Under	pen	altie	es of	pe	rjury	, I de	ecla	re th	at	[am an officer of the	above entity or	🗌 I am a person	subject to tax with	espect to ((name
of entit	y)												, (EIN)		and that I have exar	nined a co	py of the
comple interme acknow the dat (direct retum, 1-888-3 proces the pay electro	ete. I edia vled deb and 353 sing /mei nic f	I fui ite s Iger f an it) e I the -45 g of nt. I fund	ther servi y ref entry fina 37 n the hav ds w	dec ce p of uncto t uncia o la elec e se ithd	clare prov rece l. If a he f al in ter f ctror elect raw	e that ider appli inan stitu than nic p ted a al.	t the , tra or re icab icial tion 2 b aym	amo nsmi easor le, l instit to de usine usine	ount i itter, n for autho tutior ebit t ess d of tax	in Pa or e reje orize n acc he e lays ces to	art I lectri the ctior the coun ntry prio	above is the amoun onic return originato of the transmission U.S. Treasury and t indicated in the tax to this account. To r to the payment (se ceive confidential inf	It shown on the co or (ERO) to send n, (b) the reason f its designated Fin k preparation softw revoke a payment, stitement) date. I a formation necessa	ny knowledge and be by of the electronic re the return to the IRS or any delay in proce ancial Agent to initiat vare for payment of th I must contact the U. iso authorize the fina ry to answer inquiries he electronic return a	etum. I consent to a and to receive from essing the return or e an electronic func- federal taxes owe S. Treasury Financ ncial institutions inv s and resolve issues	Illow my n the IRS (refund, an ds withdraw ed on this ial Agent a olved in the s related to	(a) an nd (c) val tt e
PIN: ch	necł	< or	ne b	ox o	only												
хI	aut	hor	ize	1	Way	ne	Е	Fus	isar	ro	CPA	PC		to enter my PIN	45398	as my s	signature
											ERO	firm name			Enter five numbers, do not enter all zero		
														hat a copy of the retu			
	•	-	` '			•		ities scre		oart c	of the	e IKS Fed/State pro	gram, I also autho	rize the aforementior	ned ERO to enter m	y PIN on th	ne

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 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax			Date	02-18-2025
Part III Certification and Authentication				
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	252919	45398		
		Do not enter	r all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 202 am submitting this return in accordance with the requirements of Pub. 4163 , Mo Providers for Business Returns.				
ERO's signature		Date	02-2	8-2025
ERO Must Retain This For				

Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see the instructions.



See "	is included in UBIA				2023													
	ction 199A calculations.						PAGE 1											
ame(s	JBIA" in lower right corner				(This pag	ge is not filed	with the return. I	t is for your reco	rds or	nly.)								
) as shown on return											Social sec	urity number/El	N				
Ha	abitat for Humanity Ho	rry County	inty 5											7-0912014				
o.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current			
1	Frailer	04-06-1995	4,984		100.00			4,984	7		0	4,984		4,984				
2	Computer	05-11-1996	1,763		100.00			1,763	3		0	1,763		1,763				
3	1997 truck	05-04-1998	17,255		100.00			17,255	5		0	17,255		17,255				
1	Frailer - american ro	06-23-1999	4,589		100.00			4,589	5		0	4,589		4,589				
5	Computer	06-29-1999	2,358		100.00			2,358	3		0	2,358		2,358				
5	Tool trailer	02-01-2003	10,171		100.00			10,171	7		0	10,171		10,171				
7	Computer	12-30-2002	1,186		100.00			1,186	3		0	1,186		1,186				
3	Software	04-04-2003	2,320		100.00			2,320	3		0	2,320		2,320				
9	1997 Ford truck 20' b	05-12-2004	13,300		100.00			13,300	5		0	13,300		13,300				
0	Computer	02-17-2004	828		100.00			828	3		0	828		828				
11	Computer server	06-27-2005	2,639		100.00			2,639	5		0	2,639		2,639				
2	Fork lift	11-22-2005	4,000		100.00	1		4,000	5		0	4,000		4,000				
L3	Dell computer	10-25-2005	987		100.00			987	5		0	987		987				
4	Dell computer	10-25-2005	775		100.00			775	5		0	775		775				
5	4 Dell computers	12-06-2006	2,785		100.00			2,785	5		0	2,785		2,785				
16	HP pavilion A6350z pr	03-25-2008	588		100.00			588	5		0	588		588				
17	Dell latitude D520	09-14-2007	1,179		100.00			1,179	5		0	1,179		1,179				
18	4 drawer lateral file	09-17-2007	2,889		100.00			2,889	5		0	2,889		2,889				
19	Telephone system co-o	10-15-2011	11,232		100.00			11,232	5		0	11,232		11,232				
20	Signage co-op road	10-15-2011	11,683		100.00			11,683	5		0	11,683		11,683				
21	Air net cost trane ai	12-01-2013	2,357		100.00			2,357	7		0	2,357		2,357				
22	Goodman condenser (2)	12-13-2013	5,000		100.00			5,000	7		0	5,000		5,000				
	Jsed uhaul truck - re		5,500		100.00			5,500	5		0	5,500		5,500				
24	New construction truc	04-08-2014	7,075		100.00			7,075	5		0	7,075		7,075				
25	POS system/equipment	01-26-2015	2,895		100.00			2,895	5		0	2,895		2,895				
26	Laptop	03-01-2015	615		100.00			615	5		0	615		615				
27	Telephone equipment	04-06-2015	4,744		100.00			4,744	5		0	4,744		4,744				
	New server	09-21-2015	1,841		100.00			1,841	5		0	1,841		1,841				
28	Security system	04-07-2016	4,429		100.00			4,429	5		0	4,429		4,429				
	Computer for director	04-23-2016	685		100.00			685	5		0	685		685				

* Iter	n is included in UBIA					Depreci	ation Deta	il Listing							2023	
for S	ection 199A calculations.					Mar	nagement & Gen	eral							PAGE 2	
-	'UBIA" in lower right corner				(This pag	ge is not filed v	with the return. It	is for your reco	ords o	nly.)						
Name	s) as shown on return												Social sec	curity number/Ell	N	
H	abitat for Humanity Ho	rry County		1	1					1		1	57	-0912014		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Metho	bd	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	2013 international tr	09-29-2016	55,528		100.00			55,528	5			0	55,528		55,528	
32	Freightliner M2106 4x	06-15-2018	66,998		100.00			66,998	5			0	66,998		66,998	
33	2018 Ford Van VIN 902	07-11-2018	38,240		100.00			38,240	5	SL	HY	20	38,240		38,240	
34	2018 Ford Van VIN 908	07-11-2018	38,240		100.00			38,240	5	SL	HY	20	38,240		38,240	
35	2018 Ford Van VIN 153	07-11-2018	37,300		100.00			37,300	5	SL	HY	20	37,300		37,300	
36	Computer	09-20-2019	1,056		100.00			1,056	5	SL	HY	20	739	211	950	
37	Surface tablets	08-18-2020	3,739		100.00			3,739	5	SL	MQ	20	2,150	748	2,898	
38	Computer	12-01-2020	1,468		100.00			1,468	5	SL	MQ	20	772	294	1,066	
39	Storage containter	10-01-2020	2,675		100.00			2,675	5	SL	MQ	20	1,404	535	1,939	
40	4 ton heat pump	06-21-2021	7,200		100.00			7,200	15	SL	MQ	6.667	1,020	480	1,500	
41	2022 RAM 1500 VIN 251	05-16-2022	44,300		100.00			44,300	5	SL	MQ	20	9,968	8,860	18,828	
42	2022 Freedom trailer	04-20-2022	8,409		100.00			8,409	5	SL	MQ	20	1,892	1,682	3,574	
43	165 Co-Op Road buildi	08-06-2021	1,896,273		100.00			1,896,273	39	SL	MM	2.564	91,174	48,622	139,796	
44	165 Co-Op Unit 1B AC	04-12-2022	3,025		100.00			3,025	15	SL	MQ	6.667	227	202	429	
45	Trailer wrap	09-01-2022	1,777		100.00			1,777	5	SL	HY	20	178	355	533	
46	Truck wraps	02-29-2024	8,175		100.00			8,175	5	SL	MQ	7.5		613	613	
47	165 Co-Op Security Sy	05-09-2024	21,052		100.00			21,052	5	SL	MQ	2.5		526	526	
	Restore 2 - Security				100.00			40,321	5	SL	MQ	7.5		3,024	3,024	
	Restore 2 - Wall Wrap				100.00			3,438		SL	MQ	1.786		61	61	
	Restore 2 - Signage	04-02-2024			100.00			18,577		SL	мQ	2.5		464	464	
	Restore 2 - Shelving	04-01-2024			100.00			18,021		SL	мo	1.786		322	322	
	Totals		2,448,464					2,448,464					478,482	66,999	545,481	

ST ADJ:

66,999