

**Return of Organization Exempt From Income Tax**

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

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>Habitat for Humanity - Sanford Area</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. Box 3821</b> City or town, state or province, country, and ZIP or foreign postal code <b>Sanford NC 27331-3821</b>	<b>D</b> Employer identification number <p style="text-align: center;"><b>58-1999717</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>919-774-7779</b></p> <b>G</b> Gross receipts \$ <b>559,024</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>Johnny Poindexter</b> <b>1431 Cotten Road</b> <b>Sanford NC 27330</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.Habitat.ORG</b> <b>H(c)</b> Group exemption number ▶		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>See Schedule O</b></p> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;">3 <b>10</b></span> 4 Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 <b>10</b></span> 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) <span style="float: right;">5 <b>13</b></span> 6 Total number of volunteers (estimate if necessary) <span style="float: right;">6 <b>0</b></span> 7a Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;">7a <b>0</b></span> b Net unrelated business taxable income from Form 990-T, line 39 <span style="float: right;">7b <b>0</b></span>																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">8,898</td> <td style="text-align: right;">17,356</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">184,095</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">4,519</td> <td style="text-align: right;">4,593</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">262,224</td> <td style="text-align: right;">313,321</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">275,641</td> <td style="text-align: right;">519,365</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	8,898	17,356	9 Program service revenue (Part VIII, line 2g)		184,095	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,519	4,593	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	262,224	313,321	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275,641	519,365						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>Johnny Poindexter</b></p> Type or print name and title <p style="text-align: center;"><b>President</b></p>	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Richard M Carlson</b>	Preparer's signature <b>Richard M Carlson</b>	Date <b>09/10/20</b>	Check <input checked="" type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN	PTIN <b>P01218637</b>
	Firm's name ▶ <b>Richard M. Carlson CPA</b> <b>107 Gordon St</b> Firm's address ▶ <b>Sanford, NC 27330-3959</b>	Firm's EIN ▶ <b>91-1918728</b>	Phone no. <b>919-776-4636</b>		

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

For Paperwork Reduction Act Notice, see the separate instructions.