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| •  | EX   | TENDED TO MA  | AY 1      | .7, 2021 _                |                       |            |   |
|--|--|---|-----------|---------------------------|-----------------------|------------|---|
| Form <b>990 T</b>                                      | Exempt Orga  | nization Bus  | ine       | ss Income T               |                       |            | OMB No 1545-0047  |
| er   |  | nd proxy tax und  |           |                           | N 2006                | . 1        | 2040  |
|  | For calendar year 2019 or other tax ye             |   |           |                           |                       | 0          | 2019  |
| Department of the Treasury<br>Internal Revenue Service | ► Go to www<br>► Do not enter SSN number           | v.irs.gov/Form990T for in<br>ers on this form as it may |           |                           |                       | <u>. 1</u> | Open to Public Inspection for<br>501(c)(3) Organizations Only |
| A X Check box if address changed                       | Name of organization (                             | Check box if name c                                     | hanged    | and see instructions.)    |                       | (Empl      | oyer identification number<br>oyees' trust, see<br>ctions)    |
| B Exempt under section                                 | Print MACOMB COUN                                  | TY HABITAT  | FOR       | HUMANITY, I               | NC.                   | 3          | 8-3135471   |
| X = 501(c0(3)  | Number, street, and room                           | n or suite no. If a P.O. box                            | k, see ir | structions.               |                       |            | ated business activity code astructions)                      |
| 408(e) 220(e)  | Type 25 N. MAIN                                    | STREET  |           |                           |                       |            |   |
| 408A 530(a)<br>529(a)                                  | City or town, state or pro MOUNT CLEME             | ovince, country, and ZIP of NS , MI 480                 | -         | n postal code             |                       | 230        | 000   |
| C Book value of all assets at end of year              | F Group exemption num                              |   |           | 8545                      |                       |            |   |
| 4,548,0  | 33. G Check organization type                      |   | oration   |                           |                       | ) trust    | Other trust   |
|  | organization's unrelated trades or                 |   | 2         |                           | the only (or first) u |            |   |
|  | SEE STATEMENT                                      |   |           |                           | complete Parts I-V.   |            |   |
|  | lank space at the end of the previo                | us sentence, complete Pa                                | rts I an  | d II, complete a Schedule | M for each addition   | ial trade  | or  |
| business, then complete                                | rarts III-v.<br>the corporation a subsidiary in an | affiliated group or a parer                             | t-cubc    | diany controlled group?   |                       | Ye         | s X No  |
| • •  | nd identifying number of the pare                  |   | 11-5005   | diary controlled group?   |                       | 16         | 5 21 100  |
|  | ► HELEN KOZLOW                                     |   |           | Teleph                    | one number 🕨 (        | 586        | ) 263-1540  |
|  | Trade or Business Inc                              |   |           | (A) Income                | (B) Expense           |            | (C) Net   |
| 1 a Gross receipts or sale                             | \$   |   |           |                           |                       |            |   |
| b Less returns and allow                               |  | c Balance   | 1c        |                           |                       |            |   |
| 2 Cost of goods sold (S                                | chedule A, line 7)                                 | -   | 2         |                           |                       |            |   |
| 3 Gross profit. Subtract                               | line 2 from line 1c                                |   | 3         |                           |                       |            |   |
| 4 a Capital gain net incom                             | e (attach Schedule D)                              |   | 4a        |                           |                       |            |   |
| <b>b</b> Net gain (loss) (Form                         | 4797, Part II, line 17) (attach Forr               | n 4797)   | 4b        |                           |                       |            |   |
| c Capital loss deduction                               |  |   | 4c        |                           |                       |            |   |
| 5 Income (loss) from a                                 | partnership or an S corporation (a                 | ttach statement)  | 5         |                           |                       |            |   |
| 6 Rent income (Schedu                                  | le C)  |   | 6         |                           | <u>/</u>              |            | <u></u>   |
| 7 Unrelated debt-finance                               | ed income (Schedule E)                             |   | 7         |                           |                       |            |   |
| •  | alties, and rents from a controlled                | =   | 8         |                           |                       |            |   |
|  | a section 501(c)(7), (9), or (17) o                | rganization (Schedule G)                                |           |                           |                       |            |   |
|  | vity income (Schedule I)                           |   | 10        |                           |                       |            | <u>.                                    </u>                  |
| 11 Advertising income (S                               | •  |   | 11/       |                           |                       |            |   |
| · ·  | structions; attach schedule)                       | /   | 12        | 0.                        |                       |            |   |
| 13 Total. Combine lines Part II Deductio               | 3 through 12<br>ns Not Taken Elsewhei              | (A (See instructions to                                 | 13        |                           |                       |            |   |
|  | must be directly connected w                       |   |           |                           |                       |            |   |
| 14 Compensation of offi                                | cers, directors, and trustees (Sch                 | edule K)  |           |                           |                       | 14         |   |
| 15 Salaries and wages                                  |  |   |           |                           |                       | 15         |   |
| 16 Repairs and mainten                                 | ance   |   |           |                           |                       | 16         |   |
| 17 Bad debts   |  |   |           |                           |                       | 17         |   |
| 18 . Interest (attach sche                             | dule) (see instructions)                           |   |           |                           |                       | 18         |   |
| 19 Taxes and licenses                                  |  |   |           |                           |                       | 19         | <u> </u>  |
| 20 Depreciation (attach                                |  | RECE  | Z1\ /E    | 20                        |                       | <u>  </u>  |   |
|  | imed on Schedule A and elsewhe                     | e on return   | _ I V L   |                           |                       | 21b        | <del></del>   |
| 22 Depletion   | / .  | <u> </u>  | - ~       | RS-050                    |                       | 22         |   |
|  | red compensation plans                             | ES MAY 1  | 7 21      |                           |                       | 23         |   |
| 24 Employee benefit pro                                |  |   |           | <u></u> ] <u>&amp;</u> ]  |                       | 24         |   |
| 25 Excess exempt exper                                 |  | OGDE  | N         | UT -                      |                       | 25         |   |
| 26 Excess readership co                                |  |   | - ' ',    | <u></u>                   | -                     | 26         | <del></del>   |
| 27 Other deductions (at                                |  |   |           |                           |                       | 27         | 0.  |
| /  | dd lines 14 through 27                             | a logo dodustica. Cubica-a                              | lina ac   | from line 12              |                       | 28         | 0.  |
| /  | axable income before net operatin                  | -   |           |                           |                       | 29         |   |
| 30 Deduction for net op (see instructions)             | erating loss arising in tax years be               | ginning on or after Januar                              | y 1, ZU   | 10                        |                       | 30         | 0.  |
| <i>,</i> '   | axable income. Subtract line 30 fro                | om line 29  |           |                           |                       | 31         | 0.  |
|  | r Paperwork Reduction Act Notic                    |   | -         |                           |                       | , ",       | Form <b>990-T</b> (2019)                                      |
| OLUMO O TETELO LITT IV                                 | apoinoin itousoituli net Helle                     | _,  |           |                           |                       |            | \LU13)  |

|        | -TAZOUP) MACOMB COUNTY HABITAT FOR HUMANITY, INC.  | 38-3135471 Page 2                  |
|--------|--|------------------------------------|
| Part   | Total Unrelated Business Taxable Income  |                                    |
| 32 🤻   | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 32 0.                              |
| 33     | Amounts paid for disallowed fringes  | 33                                 |
| 34     | Charitable contributions (see instructions for limitation rules)   | 34 0.                              |
| 35     | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33   | 35                                 |
| 36     | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 2  | 36 0.                              |
| 37     | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | 37                                 |
| 38     | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 38 1,000.                          |
| 39     | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,  | 39 0.                              |
| (Dant) | enter the smaller of zero or line 37  Tax Computation  | 39 0.                              |
| 40     | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  | 40 0.                              |
| 41     | Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from:   | 40                                 |
| 71     | Tax rate schedule or Schedule D (Form 1041)  | 41                                 |
| 42     | Proxy tax. See instructions  | 42                                 |
| 43     | Alternative minimum tax (trusts only)  | 43                                 |
| 44     | Tax on Noncompliant Facility Income. See instructions  | 44                                 |
| 45     | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  | 45 0.                              |
| Part   | VIII(Tax and Payments  |                                    |
| 462    | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a  |                                    |
| b      | Other credits (see instructions) 46b   |                                    |
| C      | General business credit. Attach Form 3800 46c  | <b> </b>                           |
| d      | Credit for prior year minimum tax (attach Form 8801 or 8827)   |                                    |
| е      | Total credits. Add lines 46a through 46d   | 46e                                |
| 47     | Subtract line 46e from line 45   | 47 0.                              |
| 48     | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  | 48                                 |
| 49     | Total tax. Add lines 47 and 48 (see instructions)  | 49 0.                              |
| 50     | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50 0.                              |
|        | Payments: A 2018 overpayment credited to 2019  |                                    |
|        | 2019 estimated tax payments  |                                    |
|        | Tax deposited with Form 8868   |                                    |
|        | Foreign organizations: Tax paid or withheld at source (see instructions)  Solving withheld in (see instructions)   |                                    |
|        | Backup withholding (see instructions)  |                                    |
|        | Credit for small employer health insurance premiums (attach Form 8941)  Other credits, adjustments, and payments: Form 2439  |                                    |
| y      | Form 4136 Other Total > 51g  |                                    |
| 52     | Total naumente Add lines 51a through 51a   | 52 2,145.                          |
|        | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | 53                                 |
| 54     | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | 54                                 |
| 55     | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  | 55 2,145.                          |
| 58/1   | Enter the amount of line 55 you want: Credited to 2020 estimated tax   | 56 0.                              |
| Part   | M Statements Regarding Certain Activities and Other Information (see instructions)   |                                    |
| 57     | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority  | Yes No                             |
|        | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  |                                    |
|        | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  |                                    |
|        | here   | X                                  |
| 58     | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  | X                                  |
|        | If "Yes," see instructions for other forms the organization may have to file.  |                                    |
| 59     | Enter the amount of tax-exempt interest received or accrued during the tax year \$   |                                    |
| Sign   | Under penalties of perjuly, I declare they have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete, Dictaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  | ge and belief, it is true,         |
| Here   |  | y the IRS discuss this return with |
|        |  | preparer shown below (see          |
|        |  | tructions)? X Yes No               |
|        | Frint/Type preparer's name Preparer's signature Date Check if  | PTIN                               |
| Paid   |  | P00360221                          |
| Prep   | drer   | 38-2777985                         |
| use    | Only Firm's name CROSKEY LANNI, PC Firm's EIN FIRM'S EI | 30 477700                          |
|        |  | 48-659-5300                        |
| 923711 |  | Form <b>990-T</b> (2019)           |
|        |  | (=510)                             |

| Schedule A - Cost of Goods   | s Sold. Enter      | method of invent   | ory va | aluation N/A   |           |  |                  | <del></del>   | _        |
|--|--------------------|--|--------|--|-----------|--|------------------|---|----------|
| 1 Inventory at beginning of year   | 1                  | 0.   |        | Inventory at end of yea  | ır        |  | 6                | 0   | <u>.</u> |
| 2 Purchases  | 2                  |  | 7      | Cost of goods sold. Su   | ubtract l | line 6   |                  |   |          |
| 3 Cost of labor  | 3                  |  |        | from line 5. Enter here  | and in I  | Part I,  | <u> </u>         | _   |          |
| 4 a Additional section 263A costs  |                    |  |        | line 2   |           |  |                  |   |          |
| (attach schedule)  | 4a                 |  | 8      | Do the rules of section  | 263A (    | with respect to  |                  | Yes No  | D        |
| <b>b</b> Other costs (attach schedule)   | 4b                 |  |        | property produced or a   | cquired   | l for resale) apply to   |                  | <u>-</u>  _   |          |
| 5 Total. Add lines 1 through 4b  | 5                  |  |        | the organization?  |           |  |                  |   |          |
| Schedule C - Rent Income (see instructions)  | (From Real         | Property and   | Pers   | sonal Property L   | ease      | d With Real Prop   | erty             | y)<br>  |          |
| 1. Description of property   |                    |  |        |  |           |  |                  |   |          |
| (1)  |                    |  |        |  |           |  |                  |   |          |
| (2)  |                    |  |        |  |           |  |                  |   | _        |
| (3)  |                    |  |        |  |           |  |                  |   |          |
| (4)  |                    |  |        |  |           |  |                  |   |          |
|  | 2. Rent receiv     | ed or accrued  |        |  |           | 0(2) 524   |                  | and adthe the second second   |          |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%)                 | centage of<br>than | ` of rent for pe   | rsonal | onal property (if the percenta;<br>property exceeds 50% or if<br>ed on profit or income) | ge        | 3(a) Deductions directly columns 2(a) a  | y conn<br>nd 2(b | ected with the income in<br>) (attach schedule)                           |          |
| (1)  |                    |  |        |  |           |  |                  |   | _        |
| (2)  |                    |  |        |  |           |  |                  |   |          |
| (3)  |                    |  |        |  |           |  |                  |   |          |
| (4)  |                    |  |        |  |           |  |                  |   |          |
| Total  | 0.                 | Total  |        |  | 0.        |  |                  |   |          |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column   | n (A)              | <b>•</b>   |        |  | 0.        | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (B) | <u> </u>         | 0   | •        |
| Schedule E - Unrelated Deb   | t-Financed         | Income (see II   | nstru  | ctions)  |           |  |                  |   | _        |
|  |                    |  | 2      | . Gross income from  |           | Deductions directly con<br>to debt-finant  | nected<br>ced pr | d with or allocable operty  |          |
| 1. Description of debt-fir   | nanced property    |  |        | or allocable to debt-<br>financed property   | (a)       | Straight line depreciation<br>(attach schedule)                                  |                  | (b) Other deductions (attach schedule)                                    |          |
| (1)  |                    |  |        |  |           |  | $\top$           |   | _        |
| (2)  |                    |  |        |  |           | <u>.</u>   |                  |   | _        |
| (3)  |                    |  |        | ·  |           | ·  |                  |   | _        |
| (4)  |                    |  |        | ·  |           |  |                  | •   |          |
| <ol> <li>Amount of average acquisition<br/>debt on or allocable to debt-financed<br/>property (attach schedule)</li> </ol> | of or a            | adjusted basis<br>allocable to<br>nced property<br>h schedule) | 6      | Column 4 divided by column 5   |           | 7. Gross income<br>reportable (column<br>2 x column 6)                           |                  | 8. Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) | ,        |
| (1)  |                    |  |        | %  |           |  |                  |   | _        |
| (2)  |                    |  |        | %_   |           |  |                  |   |          |
| (3)  |                    |  |        | %  |           |  |                  |   | _        |
| (4)  |                    |  |        | %  |           |  |                  |   |          |
|  |                    |  |        |  |           | nter here and on page 1,<br>Part I, line 7, column (A)                           |                  | Enter here and on page 1,<br>Part I, line 7, column (B)                   | _        |
| Totals   |                    |  |        | ▶i   |           | 0  |                  | 0   |          |
| Total dividends-received deductions in   | ncluded in columi  | n 8  |        | - 1  | •         | <u> </u>   | <b>-</b>         | 0   | _        |

|        | 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | from unrelated trade or<br>business (column 2<br>minus column 3) If a<br>gain, compute cols 5<br>through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5  | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
|--------|--------------------------------------|---|---|--|---|---------------------------------------|---|
| (1)    |                                      |   |   |  |   |                                       |   |
| (2)    |                                      |   |   | -  | :   |                                       |   |
| (3)    |                                      |   |   |  |   | -                                     |   |
| (4)    |                                      |   |   |  |   |                                       |   |
|        |                                      | Enter here and on page 1, Part I, line 10, col (A)        | Enter here and on page 1, Part I, line 10, col (8)                          |  |   |                                       | Enter here and<br>on page 1,<br>Part II, line 25  |
| Totals | <b>&gt;</b>                          | 0.  | 0.  |  |   |                                       | 0.  |
| Sche   | dule J - Advertisii                  | ng Income (see i  | nstructions)  |  |   | · · · · · · · · · · · · · · · · · · · |   |

Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical               | 2. Gross<br>advertising<br>income | 3. Direct advertising costs | Advertising gain<br>or (loss) (col. 2 minus<br>col. 3). If a gain, compute<br>cols. 5 through 7. | 5. Circulation income | 6. Readership costs | Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|-----------------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)                                 |                                   |                             |  |                       |                     |   |
| (2)                                 |                                   |                             |  |                       |                     |   |
| (3)                                 |                                   |                             |  |                       |                     |   |
| (4)                                 |                                   |                             |  |                       |                     |   |
|                                     |                                   |                             |  |                       |                     |   |
| Totals (carry to Part II, line (5)) | 0.                                | 0.                          |  |                       |                     | 0.  |
|                                     |                                   |                             |  |                       |                     | - 000 T (0040)  |

| Part II | Income From Periodicals Rep              | orted on a Separate Basis | S (For each p | periodical listed in Part II, fill in |
|---------|--|---------------------------|---------------|---------------------------------------|
| •       | columns 2 through 7 on a line-by-line ba | asis.)                    |               |                                       |

| 1. Name of periodical       | 2. Gross<br>advertising<br>income                        | 3. Direct advertising costs                              | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|--|---|-----------------------|---------------------|--|
| (1)                         |  |  |   |                       |                     |  |
| (2)                         |  |  |   |                       |                     |  |
| (3)                         |  |  |   |                       |                     |  |
| (4)                         |  |  |   |                       |                     |  |
| Totals from Part I          | 0.   | 0.   |   |                       |                     | 0.   |
|                             | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) | <b>1</b> *.   |                       |                     | Enter here and<br>on page 1,<br>Part II, line 26                                 |
| Totals, Part II (lines 1-5) | 0.   | 0.   |   |                       |                     | 0.   |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name   | 2. Title | Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|-------------------------------------|---|
| (1)   |          | %                                   |   |
| (2)   |          | %                                   |   |
| (3)   |          | %                                   |   |
| (4)   |          | %                                   |   |
| Total, Enter here and on page 1, Part II, line 14 |          | •                                   | 0.  |

Form 990-T (2019)

| <del></del> |               | <del></del>       |         | <del></del> |           |   |
|-------------|---------------|-------------------|---------|-------------|-----------|---|
| FORM 990-T  | DESCRIPTION ( | OF ORGANIZATION'S | PRIMARY | UNRELATED   | STATEMENT | 1 |
|             |               | BUSINESS ACTIVIT  | Ϋ́      |             |           |   |

## CONTRACTED KITCHEN DEMOLITION AND PURCHASED PRODUCT SALES

TO FORM 990-T, PAGE 1

| FORM 990-T           | NET                | OPERATING LOSS                | DEDUCTION          | STATEMENT 2            |
|----------------------|--------------------|-------------------------------|--------------------|------------------------|
| TAX YEAR             | LOSS SUSTAINED     | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING  | AVAILABLE<br>THIS YEAR |
| 06/30/16<br>06/30/18 | 46,779.<br>28,580. | 1,650.                        | 45,129.<br>28,580. | 45,129.<br>28,580.     |
| NOL CARRYOV          | ER AVAILABLE THIS  | YEAR                          | 73,709.            | 73,709.                |

Employer identification number

1

### **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

501(c)(3) Organizations Only

|     | Inrelated Business Activity Code (see instructions) > 23000      |          | TOMANIII, INC.               | . ] 30-313      | )]#/I   |
|-----|--|----------|------------------------------|-----------------|---------|
|     |  |          | TTCHEN DEMOLI                | TTON            |         |
| Pai |  | <u> </u> | (A) Income                   | (B) Expenses    | (C) Net |
| 1 a | Gross receipts or sales 42,075.                                  |          |                              |                 |         |
| b   | Less returns and allowances c Balance ▶                          | 1c       | 42,075.                      | <del></del>     |         |
| 2   | Cost of goods sold (Schedule A, line 7)                          | 2        | 74,334.                      |                 |         |
| 3   | Gross profit. Subtract line 2 from line 1c                       | 3        | -32,259.                     |                 | -32,259 |
| 4 a | Capital gain net income (attach Schedule D)                      | 4a       |                              |                 |         |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b       | 1                            |                 |         |
| С   | Capital loss deduction for trusts                                | 4c       |                              |                 |         |
| 5   | Income (loss) from a partnership or an S corporation (attach     |          |                              |                 |         |
|     | statement)   | 5        |                              |                 |         |
| 6   | Rent income (Schedule C)   | 6        |                              |                 |         |
| 7   | Unrelated debt-financed income (Schedule E)                      | 7        |                              |                 |         |
| 8   | Interest, annuities, royalties, and rents from a controlled      |          |                              |                 |         |
|     | organization (Schedule F)  | 8        |                              |                 |         |
| 9   | Investment income of a section 501(c)(7), (9), or (17)           |          |                              |                 |         |
|     | organization (Schedule G)  | 9        |                              |                 |         |
| 10  | Exploited exempt activity income (Schedule I)                    | 10       |                              |                 |         |
| 11  | Advertising income (Schedule J)                                  | 11       |                              |                 |         |
| 12  | Other income (See instructions, attach schedule)                 | 12       |                              |                 |         |
| 13  | Total, Combine lines 3 through 12                                | 13       | -32,259.                     |                 | -32,259 |
| Pai | directly connected with the unrelated business in                | ons f    | or limitations on ded<br>e.) | uctions.) (Dedu |         |
| 14  | Compensation of officers, directors, and trustees (Schedule K)   |          |                              | -               | 14      |
| 15  | Salaries and wages   |          |                              | -               | 15      |
| 16  | Repairs and maintenance  |          |                              | <u> </u>        | 16      |
| 17  | Bad debts  |          |                              | -               | 17      |
| 18  | Interest (attach schedule) (see instructions)                    |          |                              | -               | 18      |
| 19  | Taxes and licenses   |          | ) (                          | <u> </u>        | 19      |
| 20  | Depreciation (attach Form 4562)                                  |          | 20                           |                 |         |
| 21  | Less depreciation claimed on Schedule A and elsewhere on return  |          | 21a                          |                 | 21b     |
| 22  | Depletion .  |          |                              | <u> </u>        | 22      |
| 23  | Contributions to deferred compensation plans                     |          |                              | Ļ               | 23      |
| 24  | Employee benefit programs  |          |                              |                 | 24      |

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

0.

259.

259.

25

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<u>31</u>

| Page | 3 |
|------|---|
| Paue | 3 |

| MACOMB CO  | UNTY HAE          | SITAT FOR                                  | HUMANITY, I  | NC.  | 38-3135   | 471   |  |
|--|-------------------|--|--|--|---|---|--|
| Schedule A - Cost of Good  | s Sold. Enter     | method of inven                            | tory valuation   N   | /A   | · ·   |   |  |
| 1 Inventory at beginning of year   | 1                 |  | 6 Inventory at end of  | <u> </u>                                     | 6   |   |  |
| 2 Purchases  | 2                 |  | 7 Cost of goods sold   |  |   |   |  |
| 3 Cost of labor  | 3                 | 66,340.                                    | from line 5. Enter h   | ere and in                                   | Part I,   |   |  |
| 4 a Additional section 263A costs  |                   |  | line 2   |  | L   | 7 74,334.   |  |
| (attach schedule)  | 4a                |  | 8 Do the rules of sec  | tion 263A (                                  | with respect to   | Yes No  |  |
| b Other costs (attach schedule)  | * 4b              | 7,994.                                     | property produced  | d for resale) apply to                       |   |   |  |
| 5 Total. Add lines 1 through 4b  |                   | 74,334.                                    |  | •  | Juru D. I D   | X   |  |
| Schedule C - Rent Income (   | (From Real        | Property and                               | Personal Propert   | y Lease                                      | a with Real Prope   | erty)   |  |
| (see instructions)   |                   |  |  |  |   |   |  |
| Description of property  |                   |  |  |  |   |   |  |
| (1)  |                   |  | ·  |  |   |   |  |
| (2)  |                   |  |  |  |   |   |  |
| (3)  |                   |  |  |  |   |   |  |
| (4)  |                   |  |  |  | 1   |   |  |
|  |                   | ed or accrued                              |  |  | 3/a) Deductions directly o  | onnected with the income in                             |  |
| rent for personal property is more than  |                   |  | and personal property (if the perconstruction of the perconstruction | entage<br>ir if                              | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |   |  |
| (1)  |                   |  |  |  |   |   |  |
| (2)  |                   |  |  |  |   |   |  |
| (3)  |                   |  |  |  |   |   |  |
| (4)  |                   |  |  |  |   |   |  |
| Total  | 0.                | Total                                      |  | 0.   |   |   |  |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column   |                   | ter -                                      |  | 0.   | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)                    | • 0.  |  |
| Schedule E - Unrelated Deb   | • •               | Income (see                                | instructions)  |  |   |   |  |
|  |                   | ·  | 2. Gross income from   |  | Deductions directly conne<br>to debt-finance  |   |  |
| Description of debt-financed property  |                   | or allocable to debt-<br>financed property | (a)  | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule)  |   |  |
| (1)  |                   |  |  | -   -  |   |   |  |
| (2)  |                   |  |  | +  |   | -   |  |
| (3)  |                   |  |  |  |   |   |  |
| (4)  |                   |  |  | 1  | ·   |   |  |
| 4. Amount of average acquisition   | 5 Average         | adjusted basis                             | 6. Column 4 divided  |  | 7. Gross income   | 8. Allocable deductions                                 |  |
| debt on or allocable to debt-financed property (attach schedule) of or allocable to debt-financed property (attach schedule) |                   | by column 5                                |  | reportable (column<br>2 x column 6)          | (column 6 x total of columns<br>3(a) and 3(b))  |   |  |
| (1)  |                   |  |  | %  |   |   |  |
| (2)  |                   |  |  | %  |   |   |  |
| (3)  |                   |  |  | %  |   |   |  |
| (4)  |                   |  |  | %  |   |   |  |
|  |                   |  |  |  | Enter here and on page 1,<br>Part I, line 7, column (A)                                       | Enter here and on page 1,<br>Part I, line 7, column (B) |  |
| Totals   |                   |  |  |  | 0.  | 0.  |  |
| Total dividends-received deductions in   | icluded in column | n 8  |  |  | <b>b</b>  | 0.  |  |

Form 990-T (2019)

| FORM 990-T (M)  | COST OF    | GOODS  | SOLD | - OTHER | COSTS | STATEMENT 3                      |
|---|------------|--------|------|---------|-------|----------------------------------|
| DESCRIPTION   |            |        |      |         |       | AMOUNT                           |
| FUEL INSURANCE MATERIALS AND OTHER S ALLOCATED OVERHEAD | UPPLIES    |        |      |         |       | 935.<br>1,198.<br>423.<br>5,438. |
| TOTAL TO FORM 990-T,                                    | SCHEDULE A | A, LIN | E 4B |         |       | 7,994.                           |

Employer identification number

#### 2

### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

-----

2010

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

• Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

MACOMB COUNTY HABITAT FOR HUMANITY. INC. 38-3135471 453000 Unrelated Business Activity Code (see instructions) ▶ PURCHASED PRODUCT SALES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1.328. 1a Gross receipts or sales 1,328. b Less returns and allowances c Balance 10 1.748. Cost of goods sold (Schedule A, line 7) 2 2 -420. -420 Gross profit. Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 -420. -420.Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21a 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 22 23 Contributions to deferred compensation plans 23 24 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 28 0. -420. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 0. 30 -420.Unrelated business taxable income. Subtract line 30 from line 29

Page 3

| MACOMB CO  | UNTY HAB            | ITAT FOR                              | HUMANITY, INC  | 38-3135  | 5471  |  |  |
|--|---------------------|---------------------------------------|--|--|---|--|--|
| Schedule A - Cost of Good  | s Sold. Enter r     | method of invent                      | tory valuation 🕨 LOW   | ER OF COST OR M  | IARKET  |  |  |
| 1 Inventory at beginning of year   | 1                   |                                       | 6 Inventory at end of yea  | ır   | 6   |  |  |
| 2 Purchases  | 2                   |                                       | 7 Cost of goods sold. St   | ubtract line 6   |   |  |  |
| 3 Cost of labor  | 3                   | 814.                                  | from line 5. Enter here  | and in Part I,   |   |  |  |
| 4 a Additional section 263A costs  | 1 1                 |                                       | line 2   |  | 7 1,748.  |  |  |
| (attach schedule)  | 4a                  |                                       | 8 Do the rules of section  | 263A (with respect to  | Yes No  |  |  |
| <ul> <li>b Other costs (attach schedule)</li> </ul>  | * 4b                | 934.                                  | property produced or a   | equired for resale) apply to   | <u>,                                      </u>  |  |  |
| 5 Total. Add lines 1 through 4b 5 1,748. the organization?   |                     |                                       |  |  | X   |  |  |
| Schedule C - Rent Income   | (From Real P        | roperty and                           | Personal Property L  | eased With Real Prope  | erty)   |  |  |
| (see instructions)   |                     |                                       |  | <del> </del>   |   |  |  |
| 1. Description of property   |                     |                                       |  |  |   |  |  |
| (1)  |                     |                                       |  | <del></del>  |   |  |  |
| (2)  |                     |                                       |  |  |   |  |  |
| (3)  |                     |                                       |  |  |   |  |  |
| (4)  |                     |                                       |  |  |   |  |  |
|  | 2. Rent received    |                                       |  | 0(-) 0 - 1 - 1 - 1   |   |  |  |
| rent for personal property is more than for personal property is more than   |                     |                                       | nd personal property (if the percentage<br>ersonal property exceeds 50% or if<br>t is based on profit or income) | ge 3(a) Deductions directly of columns 2(a) and                            | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |  |  |
| (1)  |                     |                                       |  |  |   |  |  |
| (2)  |                     |                                       | •  |  |   |  |  |
| (3)  |                     |                                       |  |  |   |  |  |
| (4)  |                     |                                       |  |  |   |  |  |
| Total  | 0.                  | Total                                 |  | 0.   |   |  |  |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column   | n (A)               | <b>•</b>                              |  | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <b>.</b>  |  |  |
| Schedule E - Unrelated Deb   | ot-Financed I       | ncome (see                            | nstructions)   | _  |   |  |  |
|  |                     |                                       | Gross income from     or allocable to debt-  | 3. Deductions directly conn to debt-finance                                |   |  |  |
| Description of debt-financed property  |                     | financed property                     | (a) Straight line depreciation (attach schedule)   | (b) Other deductions<br>(attach schedule)                                  |   |  |  |
| (1)  |                     | · · · · · · · · · · · · · · · · · · · |  |  |   |  |  |
| (2)  |                     |                                       |  |  | <u> </u>  |  |  |
| (3)  |                     |                                       |  |  |   |  |  |
| (4)  |                     |                                       |  |  |   |  |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule) |                     | 6. Column 4 divided<br>by column 5    | 7. Gross income reportable (column 2 x column 6)   | 8. Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b))  |   |  |  |
| (1)  | <u> </u>            |                                       | %  |  | <del></del>   |  |  |
| (2)  |                     |                                       | %  |  |   |  |  |
| (3)  |                     |                                       | %  |  |   |  |  |
| (4)  |                     |                                       | %  |  |   |  |  |
|  | •                   |                                       |  | Enter here and on page 1,<br>Part I, line 7, column (A)                    | Enter here and on page 1,<br>Part I, line 7, column (B)                                       |  |  |
| Totals   |                     |                                       |  | 0.   | 0.  |  |  |
| Total dividends-received deductions in   | ncluded in column 8 | 3                                     |  | <u> </u>   | 0.  |  |  |
|  |                     | <del></del>                           |  |  | , ,,  |  |  |

Form 990-T (2019)

| FORM 990-Т (M)                         | COST OF GOODS SOLD - OTHER COSTS | STATEMENT 4 |
|--|----------------------------------|-------------|
| DESCRIPTION                            |                                  | AMOUNT      |
| FACILITIES EXPENSES ALLOCATED OVERHEAD |                                  | 851.<br>83. |
| TOTAL TO FORM 990-T,                   | SCHEDULE A, LINE 4B              | 934.        |