

200p

OMB No. 1545-0047

2019

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

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

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

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).

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e)
408A
528(e)

Name of organization BLOUNT COUNTY HABITAT FOR HUMANITY
Number, street, and room or suite no. 1017 HAMPSHIRE DRIVE
City or town, state or province, country, and ZIP or foreign postal code MARYVILLE TN 37803

D Employer identification number 62-1504881
E Unrelated business activity code 531120

C Book value of all assets at end of year 4,824,603

F Group exemption number 8545
G Check organization type [X] 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here RENTAL OF OFFICE SPACE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [] No [X]

J The books are in care of KATHY JACKSON, EXECUTIVE Telephone number 865-982-8717

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include Gross receipts, Cost of goods sold, Capital gain, etc. Total income is 18,299 and total expenses is 18,529.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc. Total deductions are 2,230.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

99-12 nels

SCANNED DEC 08 2021 0424646387 SEP 02 2021 5910974

621504881

Form 990-T (2019) **BLOUNT COUNTY HABITAT FOR HUMANITY 62-1504881**

Page 2

Part III Total Unrelated Business Taxable Income

| | | | |
|----|--|----|-------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33 | 35 | |
| 36 | Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | 0 |
| 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, enter the smaller of zero or line 37 | 39 | 0 |

Part IV Tax Computation

| | | | |
|----|--|----|---|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 40 | |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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 V Tax and Payments

| | | | |
|-----|--|-----|---|
| 46a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | 46a | |
| b | Other credits (see instructions) | 46b | |
| c | General business credit. Attach Form 3900 (see instructions) | 46c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 46d | |
| e | Total credits. Add lines 46a through 46d | 46e | |
| 47 | Subtract line 46e from line 45 | 47 | |
| 48 | Other taxes. Check if from: <input type="checkbox"/> Form 4266 <input type="checkbox"/> Form 8811 <input type="checkbox"/> Form 8867 <input type="checkbox"/> Form 8868 <input type="checkbox"/> Other (att. sch.) | 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 | |
| 51a | Payments: A 2018 overpayment credited to 2019 | 51a | |
| b | 2019 estimated tax payments | 51b | |
| c | Tax deposited with Form 8868 | 51c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 51d | |
| e | Backup withholding (see instructions) | 51e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 51f | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 51g | |
| 52 | Total payments. Add lines 51a through 51g | 52 | |
| 53 | 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 | 0 |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 56 | |

Part VI 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 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 | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file. | | X |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *J. Grant Beeler* Date: _____ Title: **EXECUTIVE DIRECTOR**

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

| | | | | |
|------------------------|--|--|-------------------------|---|
| Paid Preparer Use Only | Print/Type preparer's name J. GRANT BEELER | Preparer's signature <i>J. GRANT BEELER</i> | Date 05/17/21 | Check <input type="checkbox"/> if PTIN self-employed 901847342 |
| | Firm's name WHITLOCK & COMPANY, PC | Firm's EIN 74-3074343 | | |
| | Firm's address 375 FOUNTAIN VIEW CIRCLE ALCOA, TN 37701-1945 | Phone no. 865-981-9638 | | |

Form 990-T (2019)

DAA

621504881

Form 990-T (2019) **BLOUNT COUNTY HABITAT FOR HUMANITY 62-1504881**

Page 3

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

| | | | | | | | |
|----|--|----|--|---|--|-----|----|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | | | | |
| 4a | Additional sec. 263A costs (attach schedule) | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | |

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| | |
|-----|-----|
| (1) | N/A |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| | | |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |

| | | |
|-------|-------|--|
| Total | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► |
|-------|-------|--|

(c) Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

Schedule E – Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|--|---|
| | | STMT 1 (e) Straight line depreciation (attach schedule) | STMT 2 (b) Other deductions (attach schedule) |
| (1) RENTAL OF OFFICE SPACE | 24,536 | 8,963 | 15,881 |
| (2) | | | |
| (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 by column 5 | 7. Gross income reportable (column 2 x column 6) |
| (1) 164,102 | 220,032 | 74.58% | 18,299 |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| SEE STATEMENT 3 SEE STATEMENT 4 | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Totals | | 18,299 | 18,529 |
| Total dividends-received deductions included in column 8 | | | |

Form 990-T (2019)

DAA

621504881

Form 990-T (2019) **BLOUNT COUNTY HABITAT FOR HUMANITY 62-1504881**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) N/A | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).
Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col.4) |
|--------------------------|---------------------|--|---------------------------------|--|
| (1) N/A | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Enter here and on page 1, Part I, line 9, column (A).
Enter here and on page 1, Part I, line 9, column (B).

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|--|---|--------------------------------------|---|
| (1) N/A | | | | | | |
| (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. (B).
Enter here and on page 1, Part II, line 25.

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising 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) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Totals (carry to Part II, line (5))

621504881

Form 990-T (2019) **BLOUNT COUNTY HABITAT FOR HUMANITY 62-1504881**

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising 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) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 26 |

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

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

Form 990-T (2019)

621504881 Blount County Habitat for Humanity

62-1504881

Federal Statements

FYE: 6/30/2020

Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

| <u>Description</u> | <u>Deduction</u> |
|------------------------|------------------|
| RENTAL OF OFFICE SPACE | |
| | 8,963 |
| TOTAL | <u>8,963</u> |

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

| <u>Description</u> | <u>Deduction</u> |
|------------------------|------------------|
| RENTAL OF OFFICE SPACE | |
| ACCOUNTING FEES | 2,317 |
| INTEREST | 1,150 |
| INSURANCE | 2,758 |
| TELEPHONE | 358 |
| UTILITIES | 3,541 |
| SALARIES | 4,317 |
| PAYROLL TAXES | 272 |
| BUILDING EXPENSES | 1,168 |
| TOTAL | <u>15,881</u> |

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

| <u>Description</u> | <u>Deduction</u> |
|---|------------------|
| RENTAL OF OFFICE SPACE | |
| SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH | 1,969,227 |
| DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD | 12 |
| AVERAGE ACQUISITION DEBT | <u>164,102</u> |

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

| <u>Description</u> | <u>Deduction</u> |
|---|------------------|
| RENTAL OF OFFICE SPACE | |
| ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD | 220,449 |
| ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD | 219,614 |
| | 440,063 |
| DIVIDED BY 2 | 2 |
| AVERAGE ADJUSTED BASIS | <u>220,032</u> |

621504881

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2019

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

BLOUNT COUNTY HABITAT FOR HUMANITY

Identifying number 62-1504881

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for depreciation election details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i for various property types.

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

Table with 5 columns: Line number, Class life, Recovery period, Convention, Method. Includes rows 20a-d for alternative depreciation system.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary of depreciation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2019)

DAA

821504881

BLOUNT COUNTY HABITAT FOR HUMANITY 62-1504881

Form 4562 (2019)

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(e) Type of property (f) Date placed in service (g) Business/investment use percentage (h) Cost or other basis (i) Basis for depreciation (j) Recovery period (k) Method/Convention (l) Depreciation deduction (m) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions).
43 Amortization of costs that began before your 2019 tax year 43 869
44 Total. Add amounts in column (f). See the instructions for where to report 44 869

DAA

Form 4562 (2019)