

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20 _____

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Purple Heart Homes, Inc.

Taxpayer identification number

26-3516121

Name and title of officer or person subject to tax

**John D Gallina
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,033,526
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Gantt Malzi & Associates CPAs P.A.** to enter my PIN **16121** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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

06/15/21

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.

69700828625

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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

Brian F. Gantt, CPA

Date

06/15/21

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Purple Heart Homes, Inc.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. Box 5535** Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code: **Statesville NC 28687**

D Employer identification number: **26-3516121**

E Telephone number: **704-838-4044**

F Name and address of principal officer:
John D Gallina
104 Galax Drive
Statesville NC 28677

G Gross receipts \$: **4,002,750**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.purplehearthomesusa.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2008** **M** State of legal domicile: **NC**

H(c) Group exemption number _____

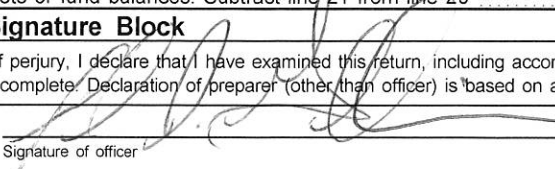
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Purple Heart Homes, Inc. is dedicated to providing housing for service-connected disabled veterans that is substantial in function, design, and quality, fit to welcome home the fighting men and women of America.		
	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)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	1233
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,532,341	3,213,132
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,685	10,904
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,665	1,030
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-175,410	-191,540
		4,379,281	3,033,526
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,120	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,077,641	1,394,479
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	406,900	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,156,527	1,702,583
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,278,288	3,097,062
19 Revenue less expenses. Subtract line 18 from line 12	1,100,993	-63,536	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,668,546	4,726,749
	22 Net assets or fund balances. Subtract line 21 from line 20	849,685	947,894
	3,818,861	3,778,855	

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.

Sign Here

Signature of officer:  Date: **7/19/2021**

John D Gallina CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Brian F. Gantt, CPA** Preparer's signature: **Brian F. Gantt, CPA** Date: **07/19/21** Check if self-employed if PTIN **P01433886**

Firm's name: **Gantt Malzi & Associates CPAs P.A.** Firm's EIN: **83-2837489**

Firm's address: **PO Box 5729 Statesville, NC 28687** Phone no.: **704-872-8923**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Purple Heart Homes, Inc. is dedicated to providing housing for service-connected disabled veterans that is substantial in function, design, and quality, fit to welcome home the fighting men and women of America.

2 Did the organization undertake any significant program services during the year which were not listed on the 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,048,478** including grants of \$) (Revenue \$ **10,904**)

See schedule O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 2,048,478**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		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?		

1a	43
1b	0

Part 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 return	2a	43
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
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?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
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.)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID**
- 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 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 **u**

Tim Mangum
Kannapolis

4031 Maid Marian Lane

NC 28081

704-838-4044

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) John D Gallina CEO	40.00 0.00			X			113,750	0	0	
(2) Tim Parker COO	40.00 0.00			X			95,858	0	0	
(3) Tim Mangum CAO	40.00 0.00			X			93,750	0	0	
(4) Brad Borders VP Comm. Outreach	40.00 0.00			X			64,750	0	0	
(5) Kerry Lawing VP of Operations	40.00 0.00			X			55,214	0	0	
(6) Paul Cockerham CDO	40.00 0.00			X			54,322	0	0	
(7) Robert Banuelos Director	10.00 0.00	X					0	0	0	
(8) Charlie Eadie Chairman	10.00 0.00	X					0	0	0	
(9) Keith Hotchkiss Director	10.00 0.00	X					0	0	0	
(10) Esteban McMahan Director	10.00 0.00	X					0	0	0	
(11) Jessica Millman Director	10.00 0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Charles Page Chairman Emeritus	10.00 0.00	X						0	0	0
(13) Liz Paradise Director	10.00 0.00	X						0	0	0
(14) Ryan Repp Director	10.00 0.00	X						0	0	0
(15) Victoria Schweizer Vice Chairman	10.00 0.00	X						0	0	0
(16) Darrin Sirois Director	10.00 0.00	X						0	0	0
(17) Sherry Yaskin Director	10.00 0.00	X						0	0	0
1b Subtotal								477,644		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								477,644		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,630				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,210,502				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,075,957				
	h Total. Add lines 1a-1f	u	3,213,132				
	Program Service Revenue	2a Rents received	Business Code 531110	10,904	10,904		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	10,904				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	66	66			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real (ii) Personal				
		b Less: rental expenses	6b				
		c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	30,001			
		b Less: cost or other basis and sales exps.	7b	29,037			
		c Gain or (loss)	7c	964			
		d Net gain or (loss)	u	964	964		
	8a Gross income from fundraising events (not including \$ 2,630 of contributions reported on line 1c). See Part IV, line 18	8a		135,500			
		b Less: direct expenses	8b	27,843			
		c Net income or (loss) from fundraising events	u	107,657			107,657
	9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities		u					
10a Gross sales of inventory, less returns and allowances	10a		613,147				
	b Less: cost of goods sold	10b	912,344				
	c Net income or (loss) from sales of inventory	u	-299,197	-299,197			
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u		3,033,526	-287,263	0	107,657	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	477,643	157,366	151,839	168,438
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	820,126	569,386	120,692	130,048
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	96,710	62,861	18,375	15,474
11 Fees for services (nonemployees):				
a Management				
b Legal	5,630		5,630	
c Accounting	23,600		23,600	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	83,397	49,123	13,434	20,840
12 Advertising and promotion	87,339	40,176	44,543	2,620
13 Office expenses	52,915	7,936	25,400	19,579
14 Information technology				
15 Royalties				
16 Occupancy	43,527	15,823	13,852	13,852
17 Travel	12,129	9,703	1,213	1,213
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,140	1,825	8,315	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	248,060	196,449	51,611	
23 Insurance	16,245	11,371	2,437	2,437
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.)				
a Specific assistance	908,173	908,173		
b Facilities & equipment	102,970		102,970	
c Staff development	33,017		33,017	
d Fundraising costs	31,865			31,865
e All other expenses	43,576	18,286	24,756	534
25 Total functional expenses. Add lines 1 through 24e	3,097,062	2,048,478	641,684	406,900
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	107,957	1	303,054
	2	Savings and temporary cash investments	39,203	2	17,269
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	89,576	4	5,500
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	742,051	8	456,227
	9	Prepaid expenses and deferred charges		9	15,485
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,179,288		
	b	Less: accumulated depreciation	10b 142,648	10c	1,036,640
	11	Investments—publicly traded securities	29,270	11	71,273
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	357	14	8,884
	15	Other assets. See Part IV, line 11	2,779,434	15	2,812,417
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,668,546	16	4,726,749	
Liabilities	17	Accounts payable and accrued expenses	206,838	17	100,835
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	552,345	24	733,369
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	90,502	25	113,690
	26	Total liabilities. Add lines 17 through 25	849,685	26	947,894
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,369,814	27	3,447,825
	28	Net assets with donor restrictions	449,047	28	331,030
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,818,861	32	3,778,855
33	Total liabilities and net assets/fund balances	4,668,546	33	4,726,749	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,033,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,097,062
3	Revenue less expenses. Subtract line 2 from line 1	3	-63,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,818,861
5	Net unrealized gains (losses) on investments	5	9,526
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,245
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7,759
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,778,855

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

Property Type	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179
Chevy Express Van	6/03/14	100.00	\$ 8,352	\$ 8,352	5.0	200DBHY	\$	\$
2014 Chevrolet Impala	8/23/15	100.00	15,794	15,794	5.0	200DBHY	909	
2007 Chevy G2500	8/03/17	100.00	6,350	3,175	5.0	200DBHY	365	
Challenger Trailer	8/22/18	100.00	6,800		5.0	200DBMQ		
2017 Dodge Caravan	10/16/18	100.00	21,604	3,604	5.0	200DBMQ	865	
2015 Forest River Camper	1/01/19	100.00	10,000		5.0	200DBHY		
F-350 Service Truck	8/01/19	100.00	14,000		5.0	200DBHY		
2006 Infinity QX50	7/22/20	100.00	2,678		5.0	200DBHY		
Total			\$ 85,578	\$ 30,925			\$ 2,139	\$ 0

Statement 2 - Form 4562, Line 42 - Amortization

Description	Amortization Beg Date	Amortizable Amount	Code Section	Period / Percent	Current Year Amortization
2nd Mortgage - 4023 Fleming Road	1/13/20	\$ 47,500	461	5.0	\$ 9,500
2nd Mortgage - 607 S. 11th Street	6/03/20	55,000	461	5.0	6,417
Loan Costs - Obligation #67	6/10/20	9,748	461	5.0	1,137
Total		\$ 112,248			\$ 17,054

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,022,371	2,348,121	3,329,651	4,508,175	3,213,132	15,421,450
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,022,371	2,348,121	3,329,651	4,508,175	3,213,132	15,421,450
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,979,291
6 Public support. Subtract line 5 from line 4						8,442,159

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2,022,371	2,348,121	3,329,651	4,508,175	3,213,132	15,421,450
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	102	306	700	650	66	1,824
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					135,500	135,500
11 Total support. Add lines 7 through 10						15,558,774

12 Gross receipts from related activities, etc. (see instructions) 12 624,117

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	54.26 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	58.07 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 furnished 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section 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? <i>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.</i>		
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? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	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)? <i>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).</i>		
1		

Section 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 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
2a		
b Did the activities described in 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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	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	
Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section 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 emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization

Employer identification number

Purple Heart Homes, Inc.

26-3516121

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Home Depot Foundation 2455 Paces Ferry Road NW Bldg C-17 Atlanta GA 30339	\$ 1,205,680	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Lowe's Companies, Inc. 1000 Lowes Blvd Mooresville NC 28117	\$ 504,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	The Elsa & Peter Soderberg Charitable Fund P.O. Box 715 Skaneateles NY 13152	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Bank of America, N.A. 400 National Way Simi Valley CA 93065	\$ 853,100	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	CitiFinancial Services, Inc. 300 Saint Paul Pl Baltimore MD 21202	\$ 69,592	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Residential Real Estate	\$ 7,600	02/10/20
4	Residential Real Estate	\$ 78,000	03/13/20
4	Residential Real Estate	\$ 74,900	04/03/20
4	Residential Real Estate	\$ 10,000	04/08/20
4	Residential Real Estate	\$ 54,900	04/16/20
4	Residential Real Estate	\$ 15,000	04/20/20

Name of organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Residential Real Estate	\$ 39,900	05/14/20
4	Residential Real Estate	\$ 9,900	05/14/20
4	Residential Real Estate	\$ 9,900	05/14/20
4	Residential Real Estate	\$ 49,900	06/10/20
4	Residential Real Estate	\$ 35,000	06/11/20
4	Residential Real Estate	\$ 22,500	07/07/20

Name of organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Residential Real Estate	\$ 19,900	07/08/20
4	Residential Real Estate	\$ 27,000	08/27/20
4	Residential Real Estate	\$ 89,900	09/18/20
4	Residential Real Estate	\$ 137,000	09/23/20
4	Residential Real Estate	\$ 84,000	10/02/20
4	Residential Real Estate	\$ 49,900	11/19/20

Name of organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Residential Real Estate	\$ 37,900	12/21/20
5	Residential Real Estate	\$ 11,300	07/20/20
5	Residential Real Estate	\$ 15,000	10/31/20
5	Residential Real Estate	\$ 43,292	10/31/20
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	52,000				
c Net investment earnings, gains, and losses	12,817				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-500				
g End of year balance	64,317				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** %
- b** Permanent endowment **u** %
- c** Term endowment **u** **100.00** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		980,001	69,073	910,928
c Leasehold improvements				
d Equipment		199,287	73,575	125,712
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **1,036,640**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Real Estate	2,295,957
(2) 2nd Mortgages, Net of Amortization	449,602
(3) Sales Tax Receivable	65,923
(4) Other Receivables	935
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 2,812,417

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll Liabilities	54,672
(3) Credit Card Payable	41,268
(4) Due to/from Chapters	17,778
(5) Escrow Taxes Payable	-28
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 113,690

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,059,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	16,347
b	Donated services and use of facilities	2b	10,087
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	26,434
3	Subtract line 2e from line 1	3	3,033,526
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,033,526

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,099,390
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,087
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,087
3	Subtract line 2e from line 1	3	3,089,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7,759
c	Add lines 4a and 4b	4c	7,759
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,097,062

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, Line 4 - Intended Uses for Endowment Funds

The intended use of the endowment is to fund a scholarship awarded once a year to a student candidate who is a child or grandchild of a disabled veteran. The amount awarded per year is \$2,500 and is for housing expenses for the student.

Part X - FIN 48 Footnote

The organization files IRS form 990, Return of Organization Exempt from Income Tax, annually with the federal government. Generally, returns remain open for examination by taxing authorities for three years after they have been filed. Therefore, returns related to the years ended December 31, 2017 through 2020 remain open for examination.

Part XIII Supplemental Information *(continued)*

Part XII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference **\$ 7,759**

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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 which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Take That Hill</u> (event type)	<u>Run, White & Bl</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	38,041	31,077	69,012	138,130
	2	Less: Contributions	2,360	180	90	2,630
	3	Gross income (line 1 minus line 2)	35,681	30,897	68,922	135,500
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	4,826		354	5,180
	6	Rent/facility costs				
	7	Food and beverages	278		854	1,132
	8	Entertainment				
	9	Other direct expenses	5,854	11,525	4,152	21,531
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					107,657

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

		(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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	6,821	Fair Market Value
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential	X	22	922,692	Fair Market Value
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (Materials)	X	1	134,921	Cost
26 Other u (Other)	X	1	11,523	Cost
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Purple Heart Homes, Inc.

Employer identification number

26-3516121

Form 990, Part III, Line 2

As of 1/1/2020, Purple Heart Homes, Inc. began a new rental program for veterans coming out of congregative living environments who are not quite ready for home ownership.

Form 990, Part III, Line 3

As of 1/1/2020, Purple Heart Homes, Inc. discontinued Operation Veteran Home Renovation (OVHR) as a named program. The partnership with the National League of Cities will continue, but projects formerly in this space will fall under the Veteran Aging in Place program (VAIP).

As of 1/1/2020, Purple Heart Homes, Inc. discontinued Ramps on Call (ROC) as a named program. Projects formerly in this space will fall under the Veteran Aging in Place program (VAIP).

Form 990, Part III, Line 4a - First Accomplishment

Program Service Missions:

The housing needs of the approved veterans which Purple Heart Homes, Inc. assists are often times urgent. Purple Heart Homes, Inc.'s ability to address these needs in a timely and effective manner depends heavily on the financial and material contributons of individual donors, foundations, and businesses. When the urgent housing needs of approved veterans are met, the veterans' quality of life improves as they are able to live in a safe

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Purple Heart Homes, Inc.

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and accessible home.

First Mission (Veteran Housing):

Operation Veteran Home Renovation (OVHR), a campaign that works in tandem with the National League of Cities (NLC) and Credit Unions around the country, proceeded with its fifth year in 2020. The Purple Heart Homes, Inc's mission was able to reach even more veterans across the nation with coordinated efforts with community partners. The OVHR campaign spread awareness and solutions to veterans in regions that were untouched by Purple Heart Homes, Inc. in the past. As of 1/1/2020, Purple Heart Homes, Inc. discontinued Operation Veteran Home Renovation as a named program. The partnership with the National League of Cities will continue, but projects formerly in this space will fall under the Veteran Aging in Place program (VAIP).

The Purple Heart Homes, Inc. Veterans Home Ownership Program (VHOP) placed 2 financially qualified veterans in 2 separate houses in 2020. The homes sold through VHOP have been sold with owner occupied deed restrictions in an effort to enforce that the home is veteran occupied. A "soft" second non-payment bearing mortgage is placed on the homes. The "soft" second mortgage is set to deminish in equal increments over a 5-year period, which preserves the mission of the program by preventing a windfall sale, refinancing, or a foreclosure, as Purple Heart Homes, Inc. is listed as the mortgage holder of record. Home owners that complete a 5-year period of making all mortgage payments in agreement with the lender and maintain owner occupancy have their "soft" second mortgage released after 5 years.

Name of the organization

Purple Heart Homes, Inc.

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26-3516121

This 5-year period exceeds the "duration of concern" that the affordable housing industry has determined the greatest risk for new homebuyers.

In order for VHOP to work, Purple Heart Homes, Inc. receives homes as a donation from multiple sources. Upon receipt, these gifts-in-kind are recorded at the home's estimated fair market value as a contribution and as an asset. The 2020 total for real estate gifts-in-kind is \$979,152, estimated at fair value at the time of the donation. That amount has been included in the amount reported on part VIII, line 1f. During the COVID-19 pandemic, a temporary eviction moratorium was issued resulting in a decrease in foreclosures during 2020. As a result, there was a significant decrease in donated homes. VHOP sold 21 properties to investors in 2020. Some donated properties are sold to non-veteran owner occupants and investors after Purple Heart Homes, Inc. has not been able to place a veteran in these properties. These sales are reflected on part VIII, line 10a, and resulted in \$800,300 in gross sales. The amount on part VIII, line 10c of \$(409,764) is based on the sales price minus the amount recorded at the time of donation (fair market value).

For service-connected disabled veterans who currently own a home that no longer meets their physical needs, Purple Heart Homes, Inc. partners with local volunteers in the community with the intent of restoring dignity and "quality of life" by creating a safe, barrier-free living environment. This service is called Veterans Aging in Place (VAIP). Renovations are provided at no cost to the veteran. In 2020 Purple Heart Homes, Inc. completed 165 projects in 30 states. This encompasses 117 projects completed from the home office location in Statesville, NC and 48 projects

Name of the organization

Purple Heart Homes, Inc.

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completed by our 14 chapters in their representative 10 states.

In 2020 Purple Heart Homes, Inc. began building tiny homes for veterans under it's VHOP program. The organization placed 2 deserving veterans in 2 tiny homes in 2020. The first tiny home was provided to a female veteran in upstate South Carolina who had been living in a storage shed for 2 years with no internal plumbing or other basic needs. The second tiny home was provided to a veteran that lost his home and all possessions due to a tornado. The organization plans to expand this program in 2021 and assist approximately 7 veterans with a tiny home solution.

Purple Heart Homes' Ramps on Call Program (ROC) exists to provide freedom for veterans living with limited mobility inside their own homes, including veterans recently discharged from a hospital, rehabilitation facility, or nursing home. Ramps can be installed in the least amount of time depending on the veteran's location. As of 1/1/2020, Purple Heart Homes, Inc. discontinued Ramps on Call (ROC) as a named program. Projects formerly in this space will fall under the Veteran Aging in Place program (VAIP).

New in 2020 is the Purple Heart Homes, Inc. Rental Program. Purple Heart Homes, Inc. developed a rental program for those veterans who might be in a transitional phase in life or coming out of a congregative living environment and not quite ready for home ownership but who are ready for independent living. The organization completed the construction of 4 rental homes in 2020 and have had 3 renters make use of these properties and this program. Revenue for this program was \$10,904 in 2020 and is reflected on part VIII line 2b. The rental program will provide a recurring revenue

Name of the organization

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Purple Heart Homes, Inc.

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stream to Purple Heart Homes, Inc. that will allow this program to be self-sustaining and allow Purple Heart Homes, Inc. to serve more veterans.

2020 was the most impactful year to date for Purple Heart Homes, Inc. with respect to the number of projects completed for veterans and the different ways solutions were provided. Purple Heart Homes, Inc. was able to continue working through the COVID-19 pandemic and continue to leverage their national and local partners and achieve these listed results. Moving into 2021 the organization will continue to develop national partnerships, secure new grant funding, and find new and innovative ways to meet the housing needs of our service-connected disabled veterans.

Second Mission (Volunteers & Outreach):

Purple Heart Homes, Inc. is always looking to engage students and volunteers of all ages. In 2020, Purple Heart Homes, Inc. had significantly less volunteer engagement than previous years due to the Covid-19 pandemic and the in-person gathering restrictions that were in place. This impacted the entire Purple Heart Homes organization including its chapters. There were however opportunities to increase general awareness and volunteer activities via social and digital media. Purple Heart Homes, Inc. reached approximately 3.7 million people digitally through website activity and social media accounts. Purple Heart Homes, Inc.'s headquarters had a total of 25 volunteers in 2020 giving 120 hours of their time.

Third Mission (Chapter Prescence):

Name of the organization

Purple Heart Homes, Inc.

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During 2020 Purple Heart Homes, Inc. shifted away from a stand-alone EIN model for its chapters and absorbed all but one chapter into Purple Heart Homes, Inc. Purple Heart Homes will still have a similar chapter footprint as in the prior year having 14 chapters in 10 states: NC (2), SC (2), NY (2), CO, GA (2), OH, TN, FL, TX and MI. Purple Heart Homes, Inc. still plans to create new chapters in the United States, but the chapters will have full support of the headquarters moving forward. The only stand-alone chapter going forward will be the Golden Corner Chapter in SC. All of the Purple Heart Homes, Inc. chapters combined completed 48 home renovation projects for disabled and aging veterans in their local areas. Additionally, the chapters created opportunities for approximately 60 volunteers to work approximately 280 hours on home renovation projects and fundraising events. The vision of Purple Heart Homes, Inc. chapters is to have a consistent Purple Heart Homes, Inc. presence in regions throughout the United States. As more Purple Heart Homes, Inc. chapters are established, the reach of Purple Heart Homes, Inc.'s assistance is extended to even more disabled and aging veterans.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 is reviewed by the Executive Director, Chief Operating Officer, Chief Administrative Officer, and copies are given to all Board Members along with audited financial statements to review for accuracy and resolutions of questions before filing Form 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Officers and Directors are required to complete and submit a Conflict of Interest Disclosure Statement on an annual basis. Should a conflict arise

Name of the organization

Employer identification number

Purple Heart Homes, Inc.

26-3516121

the Board of Directors will work with the involved individual to determine all relevant facts concerning the conflict. If applicable, the conflicted individual will excuse himself or herself from any further involvement with the organization.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation paid to the Executive Director, all Officers, and key employees is reviewed and determined by the Board of Directors on an annual basis based on data obtained from various sources, including Forms 990 from comparable organizations, and non-profit salary and benefit studies available from industry sources. The entire process is documented in the minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers Compensation paid to the Executive Director, all Officers, and key employees is reviewed and determined by the Board of Directors on an annual basis based on data obtained from various sources, including Forms 990 from comparable organizations, and non-profit salary and benefit studies available from industry sources. The entire process is documented in the minutes.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Dist of Columbia, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee

Name of the organization Purple Heart Homes, Inc.	Employer identification number 26-3516121
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Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organizations Audited Financial Statements, Form 990, and the Annual Report are posted on its website and are also available via postal mail or e-mail by request. The organization makes available its governing documents and Conflict of Interest Policy to the public upon request.

Form 990, Part X - Additional Information

The Organization received a loan from Colony Bank in the amount of \$213,351 under the Paycheck Protection Program established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The loan was subject to a note dated April 28, 2020 and could be forgiven to the extent proceeds of the loan were used for eligible expenditures such as payroll and other expenses described in the CARES Act. Subsequent to December 31, 2020, the Organization received approval that the full amount of the loan was forgiven.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference	\$ 7,759
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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return

Purple Heart Homes, Inc.

Identifying number

26-3516121

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.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	19,333
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	426

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	22,492
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	11/30/20	6,116	39 yrs.	MM	S/L	20
	Various	169,683	39.0	MM	S/L	2,539

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	4,817
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	49,627
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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? 24b If "Yes," is the evidence written? 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 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 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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?

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

42 Amortization of costs that begins during your 2020 tax year (see instructions): 43 Amortization of costs that began before your 2020 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

26-3516121

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
7-year GDS Property:											
82	Media/Video/TV Equipment	12/30/20	16,660			X	0	7	HY 200DB	0	16,660
83	5 HP Motor Biesemeyer Unisaw	12/30/20	2,673			X	0	7	HY 200DB	0	2,673
			<u>19,333</u>				<u>0</u>			<u>0</u>	<u>19,333</u>
Non-Residential Real Property:											
81	Mini Split HVAC System	11/30/20	6,116				6,116	39	MMS/L	0	20
85	Dale Beatty Training Center	7/31/20	42,048				42,048	39	MMS/L	0	494
86	Warehouse Remodel	5/29/20	127,635				127,635	39	MMS/L	0	2,045
			<u>175,799</u>				<u>175,799</u>			<u>0</u>	<u>2,559</u>
Prior MACRS:											
3	Office Computer & Webcam	10/12/10	1,065			X	0	5	MQ200DB	1,065	0
4	Flip Video Camera	11/01/10	365			X	0	5	MQ200DB	365	0
5	Scanner	11/08/10	340			X	0	5	MQ200DB	340	0
6	Projection Screen	12/09/10	710			X	0	5	MQ200DB	710	0
10	HP Officejet 7500A	2/15/12	160				160	5	MQ200DB	160	0
11	Dell OptiPlex 390	3/26/12	373				373	5	MQ200DB	373	0
12	Dell OptiPlex 390	3/26/12	373				373	5	MQ200DB	373	0
13	Dell OptiPlex 390	3/26/12	373				373	5	MQ200DB	373	0
14	Dell 20" Display	3/26/12	138				138	5	MQ200DB	138	0
15	Dell 20" Display	3/26/12	138				138	5	MQ200DB	138	0
16	Dell 20" Display	3/26/12	138				138	5	MQ200DB	138	0
17	Fujifilm XP50 Digital Camera	10/04/12	233				233	7	MQ200DB	233	0
18	APC Battery Backups	1/04/12	465				465	5	MQ200DB	465	0
20	10 Computers w/ monitors (US Micro Corp)	10/03/12	7,500				7,500	5	MQ200DB	7,500	0
24	Office Equipment (Howard)	2/20/13	431				431	5	MQ200DB	431	0
25	IPad (John)	5/22/13	779				779	5	MQ200DB	779	0
26	Apple Computer (Jennifer)	6/04/13	1,454				1,454	5	MQ200DB	1,454	0
27	Ipad (Best Buy)	10/17/13	400				400	5	MQ200DB	400	0
28	IPad (Best Buy)	10/17/13	400				400	5	MQ200DB	400	0
29	Hard Drive (Micro Center)	10/24/13	156				156	5	MQ200DB	156	0
36	Mainframe Server (Integrity Computer Srvc)	1/02/14	4,206				4,206	5	HY 200DB	4,206	0
37	Computer (Best Buy)	5/18/14	1,682				1,682	5	HY 200DB	1,682	0
38	Mower	5/21/14	419				419	7	HY 200DB	363	37
40	Laptop	7/08/14	379				379	5	HY 200DB	379	0
46	755 Washington Avenue - HQ	12/21/16	540,000				540,000	39	MMS/L	42,115	13,847
51	19' JLG Scissor Lift	1/30/17	7,276			X	3,638	7	HY 200DB	5,685	455
52	2016 John Deere 3025E Tractor	4/13/17	22,050			X	11,025	7	HY 200DB	17,228	1,378
57	755 Washington Avenue - Improvements - 2	12/15/17	112,669				112,669	39	MMS/L	5,898	2,889
61	Air Compressor	4/27/18	7,778			X	0	7	MQ200DB	7,778	0
63	Virtual Reality Viewer	10/04/18	2,652			X	0	7	MQ200DB	2,652	0
64	Office Ramp	4/06/18	6,579				6,579	39	MMS/L	288	169
71	755 Washington Avenue - Improvements - 2	12/31/19	144,954				144,954	39	MMS/L	155	3,717
72	Komatsu Forklift	12/11/19	13,209			X	0	7	HY 200DB	13,209	0
77	Wall Mounted AC Unit	8/12/19	4,678			X	0	7	HY 200DB	4,678	0
			<u>884,522</u>				<u>839,062</u>			<u>122,307</u>	<u>22,492</u>
Other Depreciation:											
7	Computer	12/23/11	599				599	10	MO S/L	479	60
8	Computer-Apple	12/23/11	3,661				3,661	10	MO S/L	2,929	366
9	Microsoft Office 2010	2/15/12	160				160	3	MO Amort	160	0
19	Office Professional Plus 2010 (11 @149))	12/27/12	1,639				1,639	3	MO Amort	1,639	0
62	Cision Marketing Software	3/15/18	8,000			X	0	3	MO Amort	8,000	0
	Total Other Depreciation		<u>14,059</u>				<u>6,059</u>			<u>13,207</u>	<u>426</u>
	Total ACRS and Other Depreciation		<u>14,059</u>				<u>6,059</u>			<u>13,207</u>	<u>426</u>
Listed Property:											
39	Chevy Express Van	6/03/14	8,352				8,352	5	HY 200DB	8,352	0
41	2014 Chevrolet Impala	8/23/15	15,794				15,794	5	HY 200DB	14,885	909

26-3516121

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
53	2007 Chevy G2500	8/03/17	6,350		X	3,175	5 HY 200DB	5,436	365
60	Challenger Trailer	8/22/18	6,800		X	0	5 MQ200DB	6,800	0
65	2017 Dodge Caravan	10/16/18	21,604		X	3,604	5 MQ200DB	19,442	865
84	2006 Infinity QX50	7/22/20	2,678		X	0	5 HY 200DB	0	2,678
75	2015 Forest River Camper	1/01/19	10,000		X	0	5 HY 200DB	10,000	0
76	F-350 Service Truck	8/01/19	14,000		X	0	5 HY 200DB	14,000	0
			<u>85,578</u>			<u>30,925</u>		<u>78,915</u>	<u>4,817</u>

Amortization:

78	2nd Mortgage - 4023 Fleming Road	1/13/20	47,500			47,500	5 MO Amort	0	9,500
79	2nd Mortgage - 607 S. 11th Street	6/03/20	55,000			55,000	5 MO Amort	0	6,417
80	Loan Costs - Obligation #67	6/10/20	9,748			9,748	5 MO Amort	0	1,137
1	Organizational Costs	4/01/09	750			750	15 MO Amort	538	50
2	Professional Fees	5/06/09	500			500	15 MO Amort	356	33
21	2nd Mortgage - 3011 Lindsay Drive	7/22/13	145,000			145,000	5 MO Amort	145,000	0
22	2nd Mortgage - 700 Peregrine Court	6/10/13	62,000			62,000	5 MO Amort	62,000	0
23	2nd Mortgage - 14 Cornell Street	9/04/13	130,000			130,000	5 MO Amort	130,000	0
31	2nd Mortgage - 1171 Avondale	5/05/14	45,500			45,500	5 MO Amort	45,500	0
32	2nd Mortgage - 1031 Robin Ln	5/19/14	78,000			78,000	5 MO Amort	78,000	0
33	2nd Mortgage - 7536 Lanyards	10/09/14	65,500			65,500	5 MO Amort	65,500	0
34	2nd Mortgage - 103 Maxton St	12/18/14	50,000			50,000	5 MO Amort	50,000	0
35	2nd Mortgage - 3467 Judith Place	11/24/14	125,000			125,000	5 MO Amort	125,000	0
43	2nd Mortgage - 620 Cooley Rd	2/23/15	50,000			50,000	5 MO Amort	49,167	833
44	2nd Mortgage - 4532 Oakwood Circle	5/15/15	80,000			80,000	5 MO Amort	74,667	5,333
45	2nd Mortgage - 2723 Harris Houston Rd	4/22/15	65,000			65,000	5 MO Amort	61,750	3,250
47	2nd mortgage - 5854 Applewhite Road	1/12/16	70,000			70,000	5 MO Amort	56,000	14,000
48	2nd mortgage - 4122 Harwood	2/18/16	45,000			45,000	5 MO Amort	35,250	9,000
49	2nd mortgage - 1180 Piermont Road	11/18/16	55,000			55,000	5 MO Amort	34,833	11,000
50	2nd mortgage - 7447 Lakehaven	12/19/16	100,000			100,000	5 MO Amort	61,667	20,000
54	2nd Mortgage - 7440 Lakehaven Drive	8/31/17	114,400			114,400	5 MO Amort	55,293	22,880
55	2nd Mortgage - 1090 Canada Drive	5/08/17	25,000			25,000	5 MO Amort	13,333	5,000
56	2nd Mortgage - 865 Pelly Drive	11/30/17	50,000			50,000	5 MO Amort	21,667	10,000
66	2nd Mortgage - 717 S 53rd Street	2/13/19	57,500			57,500	5 MO Amort	10,542	11,500
67	2nd Mortgage - 112 Linville Ct	2/25/19	65,000			65,000	5 MO Amort	11,917	13,000
68	2nd Mortgage - 5047 Louise Rd	4/24/19	75,000			75,000	5 MO Amort	11,250	15,000
69	2nd Mortgage - 7430 Waterhaven Trl	7/26/19	112,500			112,500	5 MO Amort	11,250	22,500
70	2nd Mortgage - 19 Exeter St	12/31/19	90,000			90,000	5 MO Amort	1,500	18,000
			<u>1,868,898</u>			<u>1,868,898</u>		<u>1,211,980</u>	<u>198,433</u>

Grand Totals	3,048,189	2,920,743	1,426,409	248,060
Less: Dispositions and Transfers	0	0	0	0
Less: Start-up/Org Expense	0	0	0	0
Net Grand Totals	<u>3,048,189</u>	<u>2,920,743</u>	<u>1,426,409</u>	<u>248,060</u>

26-3516121

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
7-year GDS Property:									
82	Media/Video/TV Equipment	12/30/20	16,660		X	0	7 HY 200DB	0	16,660
83	5 HP Motor Biesemeyer Unisaw	12/30/20	2,673		X	0	7 HY 200DB	0	2,673
			<u>19,333</u>			<u>0</u>		<u>0</u>	<u>19,333</u>
Non-Residential Real Property:									
81	Mini Split HVAC System	11/30/20	6,116			6,116	39 MMS/L	0	20
85	Dale Beatty Training Center	7/31/20	42,048			42,048	39 MMS/L	0	494
86	Warehouse Remodel	5/29/20	127,635			127,635	39 MMS/L	0	2,045
			<u>175,799</u>			<u>175,799</u>		<u>0</u>	<u>2,559</u>
Prior MACRS:									
3	Office Computer & Webcam	10/12/10	1,065		X	0	5 MQ200DB	1,065	0
4	Flip Video Camera	11/01/10	365		X	0	5 MQ200DB	365	0
5	Scanner	11/08/10	340		X	0	5 MQ200DB	340	0
6	Projection Screen	12/09/10	710		X	0	5 MQ200DB	710	0
7	Computer	12/23/11	599		X	0	5 MQ200DB	599	0
8	Computer-Apple	12/23/11	3,661		X	0	5 MQ200DB	3,661	0
10	HP Officejet 7500A	2/15/12	160			160	5 MQ150DB	160	0
11	Dell OptiPlex 390	3/26/12	373			373	5 MQ150DB	373	0
12	Dell OptiPlex 390	3/26/12	373			373	5 MQ150DB	373	0
13	Dell OptiPlex 390	3/26/12	373			373	5 MQ150DB	373	0
14	Dell 20" Display	3/26/12	138			138	5 MQ150DB	138	0
15	Dell 20" Display	3/26/12	138			138	5 MQ150DB	138	0
16	Dell 20" Display	3/26/12	138			138	5 MQ150DB	138	0
17	Fujifilm XP50 Digital Camera	10/04/12	233			233	7 MQ150DB	233	0
18	APC Battery Backups	1/04/12	465			465	5 MQ150DB	465	0
20	10 Computers w/ monitors (US Micro Corp)	10/03/12	7,500			7,500	5 MQ150DB	7,500	0
24	Office Equipment (Howard)	2/20/13	431			431	5 MQ150DB	431	0
25	IPad (John)	5/22/13	779			779	5 MQ150DB	779	0
26	Apple Computer (Jennifer)	6/04/13	1,454			1,454	5 MQ150DB	1,454	0
27	Ipad (Best Buy)	10/17/13	400			400	5 MQ150DB	400	0
28	IPad (Best Buy)	10/17/13	400			400	5 MQ150DB	400	0
29	Hard Drive (Micro Center)	10/24/13	156			156	5 MQ150DB	156	0
36	Mainframe Server (Integrity Computer Srvc)	1/02/14	4,206			4,206	5 HY 150DB	4,206	0
37	Computer (Best Buy)	5/18/14	1,682			1,682	5 HY 150DB	1,682	0
38	Mower	5/21/14	419			419	7 HY 150DB	342	51
40	Laptop	7/08/14	379			379	5 HY 150DB	379	0
46	755 Washington Avenue - HQ	12/21/16	540,000			540,000	39 MMS/L	42,115	13,847
51	19' JLG Scissor Lift	1/30/17	7,276		X	3,638	7 HY 200DB	5,685	455
52	2016 John Deere 3025E Tractor	4/13/17	22,050		X	11,025	7 HY 200DB	17,228	1,378
57	755 Washington Avenue - Improvements - 2	12/15/17	112,669			112,669	39 MMS/L	5,898	2,889
61	Air Compressor	4/27/18	7,778		X	0	7 MQ200DB	7,778	0
63	Virtual Reality Viewer	10/04/18	2,652		X	0	7 MQ200DB	2,652	0
64	Office Ramp	4/06/18	6,579			6,579	39 MMS/L	288	169
71	755 Washington Avenue - Improvements - 2	12/31/19	144,954			144,954	39 MMS/L	155	3,717
72	Komatsu Forklift	12/11/19	13,209		X	0	7 HY 200DB	13,209	0
77	Wall Mounted AC Unit	8/12/19	4,678		X	0	7 HY 200DB	4,678	0
			<u>888,782</u>			<u>839,062</u>		<u>126,546</u>	<u>22,506</u>
Listed Property:									
39	Chevy Express Van	6/03/14	8,352			8,352	5 HY 150DB	8,352	0
41	2014 Chevrolet Impala	8/23/15	15,794			15,794	5 HY 150DB	12,966	1,875
53	2007 Chevy G2500	8/03/17	6,350		X	3,175	5 HY 200DB	5,436	365
60	Challenger Trailer	8/22/18	6,800		X	0	5 MQ200DB	6,800	0
65	2017 Dodge Caravan	10/16/18	21,604		X	3,604	5 MQ200DB	19,442	865
84	2006 Infinity QX50	7/22/20	2,678		X	0	5 HY 200DB	0	2,678
75	2015 Forest River Camper	1/01/19	10,000		X	0	5 HY 200DB	10,000	0
76	F-350 Service Truck	8/01/19	14,000		X	0	5 HY 200DB	14,000	0
			<u>85,578</u>			<u>30,925</u>		<u>76,996</u>	<u>5,783</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		1,169,492			1,045,786		203,542	50,181
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,169,492</u>			<u>1,045,786</u>		<u>203,542</u>	<u>50,181</u>

26-3516121

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	Office Computer & Webcam	10/12/10	1,065		0	0	1,065	0
4	Flip Video Camera	11/01/10	365		0	0	365	0
5	Scanner	11/08/10	340		0	0	340	0
6	Projection Screen	12/09/10	710		0	0	710	0
51	19' JLG Scissor Lift	1/30/17	7,276		0	0	3,638	3,638
52	2016 John Deere 3025E Tractor	4/13/17	22,050		0	0	11,025	11,025
53	2007 Chevy G2500	8/03/17	6,350	100	0	0	3,175	3,175
60	Challenger Trailer	8/22/18	6,800	100	0	0	6,800	0
61	Air Compressor	4/27/18	7,778		0	0	7,778	0
62	Cision Marketing Software	3/15/18	8,000		0	0	8,000	0
63	Virtual Reality Viewer	10/04/18	2,652		0	0	2,652	0
65	2017 Dodge Caravan	10/16/18	21,604	100	0	0	18,000	3,604
72	Komatsu Forklift	12/11/19	13,209		0	0	13,209	0
75	2015 Forest River Camper	1/01/19	10,000	100	0	0	10,000	0
76	F-350 Service Truck	8/01/19	14,000	100	0	0	14,000	0
77	Wall Mounted AC Unit	8/12/19	4,678		0	0	4,678	0
82	Media/Video/TV Equipment	12/30/20	16,660		0	16,660	0	0
83	5 HP Motor Biesemeyer Unisaw	12/30/20	2,673		0	2,673	0	0
84	2006 Infinity QX50	7/22/20	2,678	100	0	2,678	0	0
85	Dale Beatty Training Center	7/31/20	42,048		0	0	0	42,048
Grand Total			190,936		0	22,011	105,435	63,490

26-3516121

Depreciation Adjustment Report

FYE: 12/31/2020

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	3	Office Computer & Webcam	0	0	0
Page 1	1	4	Flip Video Camera	0	0	0
Page 1	1	5	Scanner	0	0	0
Page 1	1	6	Projection Screen	0	0	0
Page 1	1	10	HP Officejet 7500A	0	0	0
Page 1	1	11	Dell OptiPlex 390	0	0	0
Page 1	1	12	Dell OptiPlex 390	0	0	0
Page 1	1	13	Dell OptiPlex 390	0	0	0
Page 1	1	14	Dell 20" Display	0	0	0
Page 1	1	15	Dell 20" Display	0	0	0
Page 1	1	16	Dell 20" Display	0	0	0
Page 1	1	17	Fujifilm XP50 Digital Camera	0	0	0
Page 1	1	18	APC Battery Backups	0	0	0
Page 1	1	20	10 Computers w/ monitors (US Micro Corp)	0	0	0
Page 1	1	24	Office Equipment (Howard)	0	0	0
Page 1	1	25	IPad (John)	0	0	0
Page 1	1	26	Apple Computer (Jennifer)	0	0	0
Page 1	1	27	IPad (Best Buy)	0	0	0
Page 1	1	28	IPad (Best Buy)	0	0	0
Page 1	1	29	Hard Drive (Micro Center)	0	0	0
Page 1	1	36	Mainframe Server (Integrity Computer Srvice)	0	0	0
Page 1	1	37	Computer (Best Buy)	0	0	0
Page 1	1	38	Mower	37	51	-14
Page 1	1	39	Chevy Express Van	0	0	0
Page 1	1	40	Laptop	0	0	0
Page 1	1	41	2014 Chevrolet Impala	909	1,875	-966
Page 1	1	46	755 Washington Avenue - HQ	13,847	13,847	0
Page 1	1	51	19' JLG Scissor Lift	455	455	0
Page 1	1	52	2016 John Deere 3025E Tractor	1,378	1,378	0
Page 1	1	53	2007 Chevy G2500	365	365	0
Page 1	1	57	755 Washington Avenue - Improvements - 2017	2,889	2,889	0
Page 1	1	60	Challenger Trailer	0	0	0
Page 1	1	61	Air Compressor	0	0	0
Page 1	1	63	Virtual Reality Viewer	0	0	0
Page 1	1	64	Office Ramp	169	169	0
Page 1	1	65	2017 Dodge Caravan	865	865	0
Page 1	1	71	755 Washington Avenue - Improvements - 2019	3,717	3,717	0
Page 1	1	72	Komatsu Forklift	0	0	0
Page 1	1	75	2015 Forest River Camper	0	0	0
Page 1	1	76	F-350 Service Truck	0	0	0
Page 1	1	77	Wall Mounted AC Unit	0	0	0
Page 1	1	81	Mini Split HVAC System	20	20	0
Page 1	1	82	Media/Video/TV Equipment	16,660	16,660	0
Page 1	1	83	5 HP Motor Biesemeyer Unisaw	2,673	2,673	0
Page 1	1	84	2006 Infinity QX50	2,678	2,678	0
Page 1	1	85	Dale Beatty Training Center	494	494	0
Page 1	1	86	Warehouse Remodel	2,045	2,045	0
				<u>49,201</u>	<u>50,181</u>	<u>-980</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	Office Computer & Webcam	10/12/10	1,065	0	0
4	Flip Video Camera	11/01/10	365	0	0
5	Scanner	11/08/10	340	0	0
6	Projection Screen	12/09/10	710	0	0
10	HP Officejet 7500A	2/15/12	160	0	0
11	Dell OptiPlex 390	3/26/12	373	0	0
12	Dell OptiPlex 390	3/26/12	373	0	0
13	Dell OptiPlex 390	3/26/12	373	0	0
14	Dell 20" Display	3/26/12	138	0	0
15	Dell 20" Display	3/26/12	138	0	0
16	Dell 20" Display	3/26/12	138	0	0
17	Fujifilm XP50 Digital Camera	10/04/12	233	0	0
18	APC Battery Backups	1/04/12	465	0	0
20	10 Computers w/ monitors (US Micro Corp)	10/03/12	7,500	0	0
24	Office Equipment (Howard)	2/20/13	431	0	0
25	iPad (John)	5/22/13	779	0	0
26	Apple Computer (Jennifer)	6/04/13	1,454	0	0
27	iPad (Best Buy)	10/17/13	400	0	0
28	iPad (Best Buy)	10/17/13	400	0	0
29	Hard Drive (Micro Center)	10/24/13	156	0	0
36	Mainframe Server (Integrity Computer Srvce)	1/02/14	4,206	0	0
37	Computer (Best Buy)	5/18/14	1,682	0	0
38	Mower	5/21/14	419	19	26
40	Laptop	7/08/14	379	0	0
46	755 Washington Avenue - HQ	12/21/16	540,000	13,846	13,846
51	19' JLG Scissor Lift	1/30/17	7,276	324	324
52	2016 John Deere 3025E Tractor	4/13/17	22,050	984	984
57	755 Washington Avenue - Improvements - 2017	12/15/17	112,669	2,889	2,889
61	Air Compressor	4/27/18	7,778	0	0
63	Virtual Reality Viewer	10/04/18	2,652	0	0
64	Office Ramp	4/06/18	6,579	169	169
71	755 Washington Avenue - Improvements - 2019	12/31/19	144,954	3,716	3,716
72	Komatsu Forklift	12/11/19	13,209	0	0
77	Wall Mounted AC Unit	8/12/19	4,678	0	0
81	Mini Split HVAC System	11/30/20	6,116	156	156
82	Media/Video/TV Equipment	12/30/20	16,660	0	0
83	5 HP Motor Biesemeyer Unisaw	12/30/20	2,673	0	0
85	Dale Beatty Training Center	7/31/20	42,048	1,078	1,078
86	Warehouse Remodel	5/29/20	127,635	3,273	3,273
			<u>1,079,654</u>	<u>26,454</u>	<u>26,461</u>

Other Depreciation:

7	Computer	12/23/11	599	60	0
8	Computer-Apple	12/23/11	3,661	366	0
9	Microsoft Office 2010	2/15/12	160	0	0
19	Office Professional Plus 2010 (11 @149))	12/27/12	1,639	0	0
62	Cision Marketing Software	3/15/18	8,000	0	0
	Total Other Depreciation		<u>14,059</u>	<u>426</u>	<u>0</u>

Total ACRS and Other Depreciation

<u>14,059</u>	<u>426</u>	<u>0</u>
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Listed Property:

39	Chevy Express Van	6/03/14	8,352	0	0
41	2014 Chevrolet Impala	8/23/15	15,794	0	953
53	2007 Chevy G2500	8/03/17	6,350	366	366
60	Challenger Trailer	8/22/18	6,800	0	0
65	2017 Dodge Caravan	10/16/18	21,604	519	519
84	2006 Infinity QX50	7/22/20	2,678	0	0
75	2015 Forest River Camper	1/01/19	10,000	0	0
76	F-350 Service Truck	8/01/19	14,000	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
			85,578	885	1,838
Amortization:					
78	2nd Mortgage - 4023 Fleming Road	1/13/20	47,500	9,500	9,500
79	2nd Mortgage - 607 S. 11th Street	6/03/20	55,000	11,000	11,000
80	Loan Costs - Obligation #67	6/10/20	9,748	1,950	0
1	Organizational Costs	4/01/09	750	50	0
2	Professional Fees	5/06/09	500	33	0
21	2nd Mortgage - 3011 Lindsay Drive	7/22/13	145,000	0	0
22	2nd Mortgage - 700 Peregrine Court	6/10/13	62,000	0	0
23	2nd Mortgage - 14 Cornell Street	9/04/13	130,000	0	0
31	2nd Mortgage - 1171 Avondale	5/05/14	45,500	0	0
32	2nd Mortgage - 1031 Robin Ln	5/19/14	78,000	0	0
33	2nd Mortgage - 7536 Lanyards	10/09/14	65,500	0	0
34	2nd Mortgage - 103 Maxton St	12/18/14	50,000	0	0
35	2nd Mortgage - 3467 Judith Place	11/24/14	125,000	0	0
43	2nd Mortgage - 620 Cooley Rd	2/23/15	50,000	0	0
44	2nd Mortgage - 4532 Oakwood Circle	5/15/15	80,000	0	0
45	2nd Mortgage - 2723 Harris Houston Rd	4/22/15	65,000	0	0
47	2nd mortgage - 5854 Applewhite Road	1/12/16	70,000	0	0
48	2nd mortgage - 4122 Harwood	2/18/16	45,000	750	0
49	2nd mortgage - 1180 Piermont Road	11/18/16	55,000	9,167	0
50	2nd mortgage - 7447 Lakehaven	12/19/16	100,000	18,333	0
54	2nd Mortgage - 7440 Lakehaven Drive	8/31/17	114,400	22,880	22,880
55	2nd Mortgage - 1090 Canada Drive	5/08/17	25,000	5,000	5,000
56	2nd Mortgage - 865 Pelly Drive	11/30/17	50,000	10,000	10,000
66	2nd Mortgage - 717 S 53rd Street	2/13/19	57,500	11,500	11,500
67	2nd Mortgage - 112 Linville Ct	2/25/19	65,000	13,000	13,000
68	2nd Mortgage - 5047 Louise Rd	4/24/19	75,000	15,000	15,000
69	2nd Mortgage - 7430 Waterhaven Trl	7/26/19	112,500	22,500	22,500
70	2nd Mortgage - 19 Exeter St	12/31/19	90,000	18,000	18,000
			1,868,898	168,663	138,380
Grand Totals			3,048,189	196,428	166,679

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2020**

For calendar year 2020, or tax year beginning , and ending

Name

Employer Identification Number

Purple Heart Homes, Inc.**26-3516121**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>Facebook - Onli</u> (event type)	<u>PHH Fall Golf T</u> (event type)	<u>We Care Golf To</u> (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	27,958	23,054	18,000	69,012
	2 Less: Charitable contributions		90		90
	3 Gross income (line 1 minus line 2)	27,958	22,964	18,000	68,922
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		354		354
	6 Rent/facility costs				
	7 Food/beverages		854		854
	8 Entertainment				
	9 Other expenses		4,152		4,152

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ <u>66</u>					
Total	\$ <u><u>66</u></u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other professional fees	\$ 5,162	\$	\$ 5,162	\$
Contract services	74,429	49,123	4,466	20,840
Licenses	3,806		3,806	
Total	\$ 83,397	\$ 49,123	\$ 13,434	\$ 20,840

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Dues & subscriptions	\$ 16,170	\$ 1,616	\$ 14,554	\$
Community outreach	15,895	9,060	6,835	
Repairs & maintenance	7,623	5,336	2,287	
Meals & entertainment	2,808	2,274		534
Miscellaneous	1,080		1,080	
Total	\$ 43,576	\$ 18,286	\$ 24,756	\$ 534

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Other Contributions	\$ 249,865
Materials	134,921
Other	11,523
Publicly Traded Stock	6,821
The Home Depot Foundation	
Cash Contribution	1,205,680
Lowe's Companies, Inc.	
Cash Contribution	504,000
The Elsa & Peter Soderberg	
Cash Contribution	175,000
Bank of America, N.A.	
Residential Real Estate	7,600
Residential Real Estate	78,000
Residential Real Estate	74,900
Residential Real Estate	10,000
Residential Real Estate	54,900
Residential Real Estate	15,000
Residential Real Estate	39,900
Residential Real Estate	9,900
Residential Real Estate	9,900
Residential Real Estate	49,900
Residential Real Estate	35,000
Residential Real Estate	22,500
Residential Real Estate	19,900
Residential Real Estate	27,000
Residential Real Estate	89,900
Residential Real Estate	137,000
Residential Real Estate	84,000
Residential Real Estate	49,900
Residential Real Estate	37,900
CitiFinancial Services, Inc.	
Residential Real Estate	11,300
Residential Real Estate	15,000
Residential Real Estate	43,292
Run, White & Blue - Race	
Cash Contribution	180
PHH Fall Golf Tournament	
Cash Contribution	90

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
Take That Hill - Cycling	\$
Cash Contribution	<u>2,360</u>
Total	\$ <u><u>3,213,132</u></u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Bank of America	\$ 7,251,641	\$ 6,940,466
Soderburg Foundation	350,000	38,825
Total	<u>\$ 7,601,641</u>	<u>\$ 6,979,291</u>

Federal Statements

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
Run, White & Blue - Race	\$ 30,897
PHH Fall Golf Tournament	22,964
Take That Hill - Cycling	35,681
Facebook - Online	27,958
We Care Golf Tournament	18,000
Total	<u>\$ 135,500</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Rents received	\$ 10,904
Interest Income	66
Sale of Real Estate	595,300
E-store	17,847
Total	<u>\$ 624,117</u>

Federal Statements

Run, White & Blue - Race

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Race Packets	\$ <u>11,525</u>
Total	\$ <u><u>11,525</u></u>

Federal Statements**PHH Fall Golf Tournament****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Golf fees	\$ 2,537
Promotion	1,582
Travel	28
Taxes	5
Total	\$ <u>4,152</u>

Federal Statements**Take That Hill - Cycling****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Office expense	\$ 232
Postage & mailing	533
Clean up	630
Travel	26
Promotion	3,372
Taxes	6
Merchandise	1,055
Total	\$ <u>5,854</u>