

HABITAT FOR HUMANITY OF CULPEPER P.O. BOX 742 CULPEPER, VA 22701 ATTENTION: STEVEN JOHNSON

DEAR STEVEN:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

ALSO ENCLOSED IS VIRGINIA FORM 102. FORM 102 REQUIRES A PAYMENT OF \$30. PLEASE PREPARE A CHECK MADE PAYABLE TO THE TREASURER OF VIRGINIA IN THAT AMOUNT.

ATTACH THE CHECK WITH THE FORM 102 AND MAIL IN THE ENCLOSED PREADDRESSED ENVELOPE TO:

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS P.O. BOX 526 RICHMOND, VA 23218-0526

BEFORE MAY 15, 2023

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

RON EVANS, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING DECEMBER 31, 2022

	REI	

HABITAT FOR HUMANITY OF CULPEPER P.O. BOX 742 CULPEPER, VA 22701

PREPARED BY:

YOUNT, HYDE & BARBOUR, PC 1100 SUNSET LANE SUITE 1310 CULPEPER, VA 22701

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

cal year beginning	, 2022, and ending	. 20

For calendar year 2022, or fis

OMB No. 1545-0047

Department of the Treasury

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

nternal Revenue Service	Go to www.irs.gov/Form8879TE for the latest infe	ormation.		
Name of filer			EIN or SSN	
	BITAT FOR HUMANITY OF CULPEPER		54-19	943662
Name and title of off	icer or person subject to tax STEVEN JOHNSON PRESIDENT			
Part I Ty	pe of Return and Return Information			
Form 5330 filers m or 10a below, and	the return for which you are using this Form 8879-TE and enter the applicable anay enter dollars and cents. For all other forms, enter whole dollars only. If you of the amount on that line for the return being filed with this form was blank, then cable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0-	check the box on line leave line 1b, 2b,	ne 1a, 2a, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
	b Total revenue, if any (Form 990, Part VIII, colu	mn (A). line 12)		1b 19,097.
	b Total revenue, if any (Form 990-EZ, line 9)			
	0-POL check here b Total tax (Form 1120-POL, line 22)			
	b Tax based on investment income (Form 990-			
	8 check here b Balance due (Form 8868, line 3c)			
	b Total tax (Form 990-T, Part III, line 4)			
	b Total tax (Form 4720, Part III, line 1)			
	7 check here b FMV of assets at end of tax year (Form 5227,			8b
	0 check here b Tax due (Form 5330, Part II, line 19)	,		9b
	8-CP check here b Amount of credit payment requested (Form 8	8038-CP, Part III, li	ne 22)	10b
Part II De	eclaration and Signature Authorization of Officer or Person S	Subject to Tax		
complete. I further ntermediate service acknowledgement of any refund. If apentry to the financial institution atter than 2 busines bersonal identification. I authorically as my si with a strong as any si with a strong the following as a strong the fol	ERO firm name ignature on the tax year 2022 electronically filed return. If I have indicated within tate agency(ies) regulating charities as part of the IRS Fed/State program, I also eturn's disclosure consent screen. Ifficer or person subject to tax with respect to the entity, I will enter my PIN as m f I have indicated within this return that a copy of the return is being filed with a /State program, I will enter my PIN on the return's disclosure consent screen.	e electronic return. to the IRS and to re lay in processing th tiate an electronic f the federal taxes ov S. Treasury Financi titutions involved ir sues related to the e consent to electr to a this return that a content of the processing the process authorize the afore the signature on the	I consent consent consent to consent the return of the return of the return of the process of the consent the return of the process of the consent the return of the return of the consent the consent the return of	to allow my a refund, and (c) the date drawal (direct debit) areturn, and the areturn of the electronic have selected a withdrawal. PIN 53368 Enter five numbers, but do not enter all zeros areturn is being filed at ERO to enter my PIN D22 electronically filed charities as part of the
Part III Ce	rson subject to tax ertification and Authentication		Date	
ERO's EFIN/PIN.	Enter your six-digit electronic filing identification			
number (EFIN) folk		102322701 not enter all zeros		
	pove numeric entry is my PIN, which is my signature on the 2022 electronically fourn in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Au	uthorized IF	
ERO's signature	RON EVANS, CPA	Date	22/23	
	FDO March Date to This Farmer Construction			
	ERO Must Retain This Form - See Instru		.	
	Do Not Submit This Form to the IRS Unless Requ	iesteu 10 DO S	,U	Form 8879-TE (2022)
LA LAT LITINAAN	Act and Danerwork Reduction Act Notice, see instructions			C11111 SASS & 27 THE 1211221

202521 12-16-22

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2022 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Address change HABITAT FOR HUMANITY OF CULPEPER Name change 54-1943662 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ (703) 986-3385 P.O. BOX 742 termin-ated 19,097. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended CULPEPER, VA 22701 H(a) Is this a group return Applica-F Name and address of principal officer: STEVEN JOHNSON for subordinates? L Yes X No 2180 MITCHELL MOUNTAIN ROAD, SPERRYVILLE Yes No VA H(b) Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No." attach a list. See instructions WWW.CULPEPERHABITAT.ORG 8545 H(c) Group exemption number J Website: K Form of organization: X Corporation Association Other Year of formation: 1998 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: CONSTRUCTION, REHABILITATION AND Activities & Governance REFURBISHING OF AFFORDABLE HOUSING. if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a 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 **Current Year** 16,793 19,081. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 16. 16. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 19.097. 16,809. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. ٥. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Ō. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 12,697. 8,276. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,697. 8,276. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,821. 4,112. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** ö 540,436. 530,126. 20 Total assets (Part X, line 16) -763. -25<u>2</u>. 21 Total liabilities (Part X, line 26) 530,378. Net assets or fund balances. Subtract line 21 from line 20 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. Date Signature of officer Sign STEVEN JOHNSON, PRESIDENT Here Type or print name and title PTIN Date Check Print/Type preparer's name Preparer's signature 01/22/23 self-employed P00295105 RON EVANS, CPA RON EVANS, Paid Firm's EIN 54-1149263 YOUNT, HYDE & BARBOUR, PC Preparer Firm's name Firm's address 1100 SUNSET LANE SUITE 1310 Use Only Phone no. 540 - 825 - 6050 CULPEPER, VA 22701 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2022)

Form 990 (2022) HABITAT FOR 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-	
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ü		8		Х
9	Schedule D, Part III			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
.0	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.	1	1	
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	_		
u		11a		Х
h	Part VI 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	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X_

Form 990 (2022) HABITAT FOR HUMANI
Part IV | Checklist of Required Schedules (continued)

	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ł
	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	İ	х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	·	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			ĺ
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			-
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\stackrel{\frown}{}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		36		X
37	If "Yes," complete Schedule R, Part V, line 2	55		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		-	
-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	<u> </u>	<u></u>
	(gambling) winnings to prize winners?	1c		
23200	4 12-13-22	Form	990	(2022)

Form 990 (2022) HABITAT FOR HUMANITY OF CULPEPER
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,		1						
	filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>	0			ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .			2b				
За	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	Ο.			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	utho	rity over,	а					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?		4a		X		
b	If "Yes," enter the name of the foreign country				1				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccour	nts (FBAF	ł).					
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	ction?			5b		<u>X</u>		
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization	solicit					
	any contributions that were not tax deductible as charitable contributions?				6a		<u> </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	oņs o	r gifts						
	were not tax deductible?				6b				
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	vices	provided to	o the payor?	7a		X		
	, , , , , , , , , , , , , , , , , , , ,				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs req	uired				77		
	to file Form 8282?	1	1		7c		<u> </u>		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•		-				
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ot?		7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7 f 7g				
g									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	,								
•	sponsoring organization have excess business holdings at any time during the year?								
	9 Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	•••••			9a 9b				
10					90				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	.1						
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			1				
11	Section 501(c)(12) organizations. Enter:	100			1				
	Gross income from members or shareholders	11a	1						
	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		1				
-	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				12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?				13a				
	Note: See the instructions for additional information the organization must report on Schedule O.	-		·					
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b	<u> </u>		1				
C	Enter the amount of reserves on hand	13c	<u>. </u>						
14a					14a		_X_		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or		1				
	excess parachute payment(s) during the year?				15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.				<u> </u>		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.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17				
	If "Yes," complete Form 6069.				<u> </u>	000	(0000)		
3200	5 12-13-22				Form	1 33 0	(2022)		

54-1943662 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 ii	nstructions.				
	Check if Schedule O contains a response or note to any line in this Part VI			,			X
Sec	tion 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	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	\neg	ĺ		
	officer, director, trustee, or key employee?		-	Γ	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the		supervision	Γ			
				. L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			. [4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			Γ			
-	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			Γ			
а	The governing body?				8a		X
	Each committee with authority to act on behalf of the governing body?			. [8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the	- 1			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. [10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,	-			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		.,,,.,.	.	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	Ļ	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			Ļ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			.	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	on Schedule O how this was done				12c		
13	Did the organization have a written whistleblower policy?			.	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?		•••	.	14	-	X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent	ŀ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			L			
а	The organization's CEO, Executive Director, or top management official			- 1	15a		X
b	Other officers or key employees of the organization			·	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			-			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			-	46-		Х
_	taxable entity during the year?			}	16a		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the initial ways and take at the organization to evaluate the control of the organization to evaluate the organization organization to evaluate the organization organization the organization organization organization organization the organization organizat					i	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			ŀ	16h		
800	exempt status with respect to such arrangements? tion C. Disclosure				16b		ш.

17	Librario diacoo man minori a copy or ano comico de codamente de mo	74 600	T (section 501/o)/	3)0	only) -		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	เน ฮฮ0	- : (Section 50 i (C)(<i>3)</i> 5	orny) i	avalidi	JI C
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain)		hadula Ol				
40	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and	financ	rial	
19		annot C	a anterest policy, a	ai IU	in ical it	/ICI	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's body	nks and	t records				
20	THE ORGANIZATION - (703) 986-3385	no and	2 1000143				
	P.O. BOX 742, CULPEPER, VA 22701						

232006 12-13-22

Form 990 (2022)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more	than o	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	ss per d a d	rson i irecto	s both or/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	8			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	Institutional trustee		Key employee	st cor	 =	10001420)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) STEVEN JOHNSON	2.00									_
PRESIDENT				X	l			0.	0.	0.
(2) BRANDON CARROLL	2.00						1	_		
VICE PRESIDENT				X	<u></u> .			0.	0.	0.
(3) ALLEN SCHIRMER	2.00							_		
TREASURER				X				0.	0.	0.
(4) SHIRHRA BERMAN	2.00									
SECRETARY	L	_		Х		<u> </u>		0.	0.	0.
(5) JERRY MARTIRE	10.00	ļ								•
CONSTRUCTION COORDINATOR		X		_			<u> </u>	0.	0.	0.
(6) KEITH KESSLER	2.00	ļ								
BOARD MEMBER		X	ļ <u>.</u>			<u> </u>		0.	0.	0.
(7) BILL BRADFORD	1.00	ļ								
MEMBER AT LARGE		X		<u> </u>				0.	0.	0.
(8) ROBERT RACER	1.00									•
MEMBER AT LARGE		X			L			0.	0.	0.
(9) FRED SAPP	1.00	ļ								•
MEMBER AT LARGE	-	X	-			-	-	0.	0.	0.
		1				İ				
		 				 				
		1				1				
		<u> </u>	<u> </u>			<u> </u>				
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		_					-	· · · · · · · · · · · · · · · · · · ·		E 000 (0000)

Form 990 (2022)

Section A. Officers, Directors, Tr		ploye	ees,			gnes	t C	ompensated <u>Employee</u>	s (continued)				
(A)	(B)				C)			(D)	(E)	1		(F)	
Name and title	Average	/		Pos		ר than o		Reportable	Reportable		Est	imate	ed
	hours per	box,	, unles	ss per	rson i	is both	an	compensation	compensation	ion amount of			of
	week	<u> </u>	cer an	dad	irecto	or/trus	tee)	from	from related	- 1	(other	
	(list any	ector						the	organizations			oensa	
	hours for	or dir				ated		organization	(W-2/1099-MIS			om the	
	related organizations	stee	truste		۵.	bens		(W-2/1099-MISC/	1099-NEC)	1	_	ınizat	
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				relat	
	line)	Jivid	itit	Officer	y em	ghest	Former				orga	nizati	ons
		Ē	트	Į0	<u> </u>	도 등	면			\dashv			
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								1					
		1											
											_		
		1 1											
1b Subtotal			l			٠		0.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
								0.		0.			0.
d Total (add lines 1b and 1c)								<u> </u>	200 of reportable				<u> </u>
, -	. Hot iii iiited to tii	036	11316	u al	JOVE	<i>7)</i> VVII	O I E	ceived more than \$100,	boo of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former office	or director truct	ا مم		mal	0.40		bia	hast componented ampl	0)/00 on	ſ			
										ŀ	3		Х
line 1a? If "Yes," complete Schedule J for										····	-		
4 For any individual listed on line 1a, is the										ŀ	4		X
and related organizations greater than \$1										}	-4		
5 Did any person listed on line 1a receive o								ed organization or individ	ual for services	}	 +		
rendered to the organization? If "Yes." co	mplete Schedul	e J fo	or su	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of										ensat	ion fro	m	
the organization. Report compensation for	or the calendar ye	ear e	ndir	ıg w	ith <u>c</u>	or wi	thin T		ear.				
(A) Name and busine				_				(B) Description of s	amilaaa	_	(C) ompen) Jactici	_
Name and busine	ss address	NC	ONE	<u> </u>			\dashv	Description of s	ervices		ompen	Salio	-
							ı						
									-				
							-						
							_						
							_				_		
2 Total number of independent contractors	(including but n	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the orga						<u>) </u>		·					
											Form §	990 (2022)

Form 990 (2022) HABITAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
		Citodi ii Corioddio O Corindii o a reciporio o ci	1,010 10 01,7 11,7	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
र र	1	a Federated campaignsla					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	-				
5 8		c Fundraising events 1c					
Ę		d Related organizations 1d					
25.00							
έä		e Government grants (contributions) 1e	<u>-</u>				
즐겁	•	f All other contributions, gifts, grants, and					
豆莓		similar amounts not included above 1f	19,081.				
ΞÖ		g Noncash contributions included in lines 1a-1f 1g \$					
츳렱		h Total. Add lines 1a-1f		19,081.			-
			Business Code	-,			
	_	F	346111000 0040	<u></u>		-	
<u>8</u>	2		-		-	-	
و کے		b					
ÿ		c					
E a		d					
ğα		e					
Program Service Revenue		f All other program service revenue					
_			-			-	
\longrightarrow		g Total. Add lines 2a-2f					
	3	, ,		1.0			1,0
		other similar amounts)		16.			16.
	4	Income from investment of tax-exempt bond pro-	ceeds				<u> </u>
	5	Royalties				_	
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	``.				
	6						
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
1		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis	-		1		
a		and sales expenses					
ğ							
Revenue		· /		-			
~~		d Net gain or (loss)					
Je l	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
- 1		c Net income or (loss) from fundraising events	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	
- 1	9	a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		I I					
		c Net income or (loss) from sales of inventory					
ر در		L!	Business Code				
ä	11	a					
ane Sure		b					
Miscellaneous Revenue		c	-				
Sc		d All other revenue					
Ē			-		-		
		e Total. Add lines 11a-11d		19,097.	0.	0.	16.
	12	Total revenue, See instructions		<u> </u>			10.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp		· · · · · · · · · · · · · · · · · · ·		
	Check if Schedule O contains a respon	se or note to any line in to (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				<u></u>
3	Grants and other assistance to foreign			i	
	organizations, foreign governments, and foreign	Ì			
	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				<u> </u>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	i			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			ľ	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· — · — —
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				··
C	Accounting				
d	Lobbying		<u></u>		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		-		
19 20	Interest			-	
21	Payments to affiliates		-		·
22	Depreciation, depletion, and amortization	-			
23	Insurance			-	
23 24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)			,	
а	HFHI TITHE	3,181.	3,181.		
b	AFFILIATE INSURANCE	2,513.	2,513.		
c	LAWN MAINTENANCE	1,400.	1,400.		
d	TOOLS	574.	574.		
	All other expenses	608.	608.		
25	Total functional expenses. Add lines 1 through 24e	8,276.	8,276.	0.	0.
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 if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

	rt 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		0,09	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,27	
3	Revenue less expenses. Subtract line 2 from line 1	3		,82	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	_530),37	78 <u>.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	541	1,19	<u> 99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			\rightarrow	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1 1	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	\sqcup		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1	1	
	separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis		\vdash		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.	\vdash		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	\longrightarrow	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		Ì	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	99U (2	2022)

232012 12-13-22

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Name of the organization

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

Employer identification number

				MANITY OF CU.				4-1943662
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch		=			I)(A)(i).	
2	一	A school described in secti						
3	一	A hospital or a cooperative		•	• •)(b)(1)(A)(ii	n.	
4	一	A medical research organiza					*	the hospital's name.
•		city, and state:		,				,
5	\Box	An organization operated for	or the benefit of a col	llege or university owner	or operat	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C		logo or activoroity ourned	or operat	ou by a go	Tommortal and accord	Ju 111
6	\Box	A federal, state, or local gov		nental unit described in	section 17	70/h)(4)(A)	(14)	
	X	An organization that normal						oublic described in
′	42	-	=	ntiai part of its support i	on a gove	Hillentai	utilit of from the general	public described in
_		section 170(b)(1)(A)(vi). (C		(4)/A)/wi) /Commisto Don	± 11 \			
8	믐	A community trust describe						
9		An agricultural research org						
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of the college	eor
		university:						
10	Ш	An organization that normal	• • • • • • • • • • • • • • • • • • • •	• •			•	- '
		activities related to its exem						
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor						
11	Щ	An organization organized a		•	-			
12		An organization organized a						
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with it	s supporte	d organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organia	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and an attenti	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o						
g	Prov	vide the following information	about the supporte	d organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		-						
							_	
		<u> </u>						
Tota	i							

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.)

Sec	ction A. Public Support	·				•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` '			• •	
	membership fees received. (Do not						
	include any "unusual grants.")	10,410.	15,013.	21,394.	16,793.	19,081.	82,691.
2	Tax revenues levied for the organ-						
	ization'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	İ					
4	Total. Add lines 1 through 3	10,410.	15,013.	21,394.	16,793.	19,081.	82,691.
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			İ			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			ŀ			
	column (f)						
6	Public support. Subtract line 5 from line 4.						82,691.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	10,410.	15,013.	21,394.	16,793.	19,081.	82,691.
	Gross income from interest,						
	dividends, payments received on			İ			
	securities loans, rents, royalties,						
	and income from similar sources	256.	138.	41.	16.	16.	467.
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.)						
11	Total support. Add lines 7 through 10		1				83,158.
	Gross receipts from related activities,	etc. (see instruction	ns)	· · · · · · · · · · · · · · · · · · ·		12	250,748.
	First 5 years. If the Form 990 is for th	•	,	ourth, or fifth tax v	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ine 6, column (f), di	vided by line 11, co	olumn (f))		14	99.44 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14	***************************************		15	99.56 %
16a	33 1/3% support test - 2022. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did not	t check a box on lir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this l	oox and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization		_				
							Form 990) 2022

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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 be	low, please comp	olete Part II.)				
	tion A. Public Support					,	
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1				-
	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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		<u> </u>				
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			-			
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)		<u> </u>				
	tion B. Total Support				Т		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	tion C. Computation of Public	Support Per	rcentage				
	Public support percentage for 2022 (li			column (f))		15	%
	Public support percentage from 2021		=			16	
	tion D. Computation of Inves						
17	Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	
	Investment income percentage from 2					1	9
	33 1/3% support tests - 2022. If the			on line 14, and line	15 is more than	33 1/3%, and line 17	7 is not
-	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organizatio						

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

tion A. All Supporting Organizations

ec	tion A. All Supporting Organizations	_	Yes	No
4	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	<u> </u>		
_	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		
20	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	- · · · · · · · · · · · · · · · · · · ·	3a		
h	lines 3b and 3c below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
		3b		
_	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35		
C		3c		
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	00		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
h	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	- 		
U				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		
_	despite being controlled or supervised by or in connection with its supported organizations. 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)? 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)			
		4c		
52	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes."	10		
-u	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	اــــــا	
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	<u> </u>		
	from assets in which the supporting organization also had an interest? If "Yes " provide detail in Part VI.	9c		l

Schedule A (Form 990) 2022

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

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supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

10a

Pai	art IV Supporting Organizations (continued)	<u>. </u>		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
		1	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	or		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	15,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		L
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1,00	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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		1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>	-	<u> </u>
800	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations	3		
		tions)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. Complete line 2 below.	uons).		
a b				
C		see instruction	16)	
2	Activities Test. Answer lines 2a and 2b below.	acc manachor	Yes	No
-а	The state of the s			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u>2a</u>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		<u> </u>	<u> </u>
	these activities but for the organization's involvement.	2b		ļ
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1
а		<u></u>	<u> </u>	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	<u> </u>	
b			 	├
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

Sche	dule A (Form 990) 2022 HABITAT FOR HUMANITY OF			54-1943662 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete S	ections A through E.	
Secti	ion 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	<u></u>	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount		·-	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2022

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

6

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF CULPEPER

Employer identification number 54-1943662

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Pa	rt I Organizations Maintaining Donor Advised	I Funds or Other Similar Fun	ds or Accounts. Complete if the		
Total number at end of year 2 Aggregate value of grants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's property, subject to the organization's property, subject to the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit? Yes No Tonaritable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormissible private benefit? Yes No Tonaritable purposes of the property of the pro						
2 Aggregate value of prants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historic structure				(b) Funds and other accounts		
2 Aggregate value of prants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historic structure	1	Total number at end of year				
Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation or land for public use (for example, recreation or education) Preservation or of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation sesement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and en	_					
Aggregate value at end of year Dit the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Proservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of natural habitat Preservation of natural habitat Preservation of natural habitat Preservation of or natural habitat Preservation of pone space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I total number of conservation easements Preservation of organization easements Preservation of organization easements Preservation of organization easements Preservation easements Preservation of organization easements Preservation of organization easements Preservation of organization easements Preservation Preservation easements Preservation Preservation Pr						
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are the organization's property, subject to the organization's exclusive legal control?	5		riting that the assets held in donor a	dvised funds		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements						
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Preservation of open space Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year A Total number of conservation easements 2a B Total acreage restricted by conservation easements 2b D Total acreage restricted by conservation easements 2b D Total acreage restricted by conservation easements 2b D Total acreage restricted by conservation easements 2b D Total acreage restricted by conservation easements 2b D Total acreage restricted by conservation easements 2c D D Total acreage restricted by conservation easements 2c D D D Total acreage restricted by conservation easements 2c D D D D D D D D D D D D D D D D D D	6					
Part II						
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Schedule D (Form 990) 2022

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

Schedule D (Form 990) 2022

e Other

c Leasehold improvements ______
d Equipment ______

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

Part VIII Investments - Other Securities.	Schedule D (Form 990) 2022 HABITAT FOR	HUMANITY OF	CULPEPER 5	4-1943662 Page 3
(a) Beachight of Security or Category (Including name of security) (b) Book value (c) Method of valuation: Cost or end of year market value (d) Financial derivatives (e) Cosely held equity interests (f) Cher (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Part VII Investments - Other Securities.			
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(E) (F) (G) (G) (D) must equal Form 990, Part X, col. (B) line 12.) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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 (f) Book value (f) Book value	-			.
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(t+)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	(G)			
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 (f)	(H)			-
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) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) MORTGAGES RECEIVABLE (270,57 (2) INVENTORY/WORK IN PROCESS (3) OTHER RECEIVABLES (4) (5) (6) (7) (8) (9) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (a) Description of liability (b) Book value (1) Federal income taxes	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)				
(f) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10tal, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
(2) (3) (4) (5) (6) (7) (8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 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) MORTGAGES RECEIVABLE 270,57 (2) INVENTORY/WORK IN PROCESS 76,15 (3) OTHER RECEIVABLES 1,50 (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) WORTGAGES RECEIVABLE (1) MORTGAGES RECEIVABLE (2) INVENTORY/WORK IN PROCESS (3) OTHER RECEIVABLES (4) (5) (6) (7) (8) (9) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total Column (b) must equal Form 990, Part X, col. (B) line 15.) Total (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value 270 , 57 76 , 15 (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (t) Federal income taxes				
(4) (5) (6) (7) (8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 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) MORTGAGES RECEIVABLE 270,57 (2) INVENTORY/WORK IN PROCESS 76,15 (3) OTHER RECEIVABLES 76,15 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 348,22 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. (a) Description of liability (b) Book value (b) Book value (c) Federal income taxes				
(6) (7) (8) (9) (9) (10) Must equal Form 990, Part X, col. (8) line 13.) 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 270, 57 (2) INVENTORY / WORK IN PROCESS 76, 15 (3) OTHER RECEIVABLES 76, 15 (4) (5) (6) (7) (8) (9) (9) (9) (9) (10) Must equal Form 990, Part X, col. (B) line 15.) 348, 22 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. (a) Description of liability (b) Book value (b) Book value (c) Federal income taxes			-	
(6) (7) (8) (9) (9) (10				
(7) (8) (9) (9) (10tal, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 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) MORTGAGES RECEIVABLE 270,57 (2) INVENTORY/WORK IN PROCESS 76,15 (3) OTHER RECEIVABLES 1,50 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 348,22 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. (a) Description of liability (b) Book value (1) Federal income taxes		-		<u> </u>
(8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 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) MORTGAGES RECEIVABLE 270, 57 (2) INVENTORY/WORK IN PROCESS 76, 15 (3) OTHER RECEIVABLES 1,50 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 348, 22. 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		_		
10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX				
Part IX				
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				
(a) Description (b) Book value (1) MORTGAGES RECEIVABLE 270,57 (2) INVENTORY/WORK IN PROCESS 76,15 (3) OTHER RECEIVABLES 1,50 (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 348,22 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		on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(2) INVENTORY/WORK IN PROCESS (3) OTHER RECEIVABLES (1, 50) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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				(b) Book value
(3) OTHER RECEIVABLES (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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) MORTGAGES RECEIVABLE			270,571.
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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	(2) INVENTORY/WORK IN PROCESS			76,157.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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	(3) OTHER RECEIVABLES			1,500.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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	(4)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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	(5)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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	(6)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes				
1. (a) Description of liability (b) Book value (1) Federal income taxes	Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		348,228.
(1) Federal income taxes		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
	1. (a) Description of liability			(b) Book value
(C) FCCDOW ACCOINTS (OVEDDDAFTS) DE				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2022

-763.

-763.

(4) (5) (6) (7) (8) (9)

(3) MORTGAGES RECEIVABLE

TAXES AND INSURANCE WITH RESPECT TO THE VARIOUS MORTGAGE RECEIVABLES WHICH THE ORGANIZATION HAS.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY OF CULPEPER

Employer identification number 54-1943662

FORM 990, PART VI, SECTION A, LINE 2:
SHIPHRA BERMAN, SECRETARY OF THE ORGANIZATION IS THE WIFE OF STEVEN
JOHNSON, PRESIDENT.
FORM 990, PART VI, SECTION A, LINE 8A:
THE GOVERNING BODY IS AN ALL VOLUNTEER GROUP; AND ALL MEETINGS ARE OF THE
NATURE OF ONGOING BUSINESS OF CONSTRUCTION, REHABILITATION OR REFURBISHING
WHICH ARE NOT CONDUCIVE TO CONTEMPORANEOUS DOCUMENTATION.
WILLIE AND NOT CONDUCTVE TO CONTEMPORANGOOD DOCUMENTATION.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO SEPARATE COMMITTEES
TORM AND DARREST GEORGES D. L. TAND. 11 D.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PROVIDED TO ALL OFFICERS AND DIRECTORS FOR THEIR REVIEW
PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 18:
ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST
· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 11/21

REMITTANCE FORM CHARITABLE ORGANIZATION FORM 102

YOU MUST USE THIS FO	RM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)
Organization name: HAB	ITAT FOR HUMANITY OF CULPEPER
Address: P.O	BOX 742
CUL	PEPER, VA 22701
Federal Employer Identification	Number: <u>54-1943662</u>
REGISTRATION FEE AMOUN	Ι
	h includes the annual fee payment, is due every year,on the fifteenth day of the fifth month on's most recently completed fiscal year, unless the organization has requested an extension nonths to file.
	ay a \$100 initial fee. If the organization has prior financial history, the organization is <u>also</u> Organizations with no financial history are not required to pay an annual fee.
	apsed, you will be required to pay the \$100 late fee and the annual registration fee. You will egistration fee at the same time.
Annual: See page seven of Fo	rm 102 for annual registration fee calculations.
Initial Registration Fee	(\$100): \$ (910-02184)
Late Registration Fee (\$100): \$ (910-02184)
Annual Registration Fe	e: \$ <u>30.00</u> (910-02619)
(See pg. 7 of Form 102	2)
Total Fees:	\$30.00
To assist us in tracking your pa	avment

MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA

please enter your Check Number:

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services P.O. Box 526 Richmond, VA 23218-0526

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 11/21 Form 102, Page 1

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION FORM 102

Please choose the type of registration:

	Initial Registration
	OR
Х	Annual Renewal

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the <u>most recently completed</u> fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCRP) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

Organization's legal name:	
HABITAT FOR HUMANITY OF CULPEPER	
List any other names under which you may solicit contribu	itions in Virginia:
N/A	
Required primary address: 2180 MITCHELL MOUNTAIN	ROAD
SPERRYVILLE	<u>VA </u>
City	State Zip Code
"Primary address" means the bona fide physical street address of the org to §57-49.2 of the Code of Virginia, if the organization does not maintair records.	
Does the organization maintain any other offices in Virginia' $\overline{\mathbb{X}}$ No If "Yes," then attach a list of the ac	? ddresses and telephone numbers for those offices.
"Other offices" will include locations where the organization may adminis include the names and addresses of chapters, branches or affiliates soli	
Mailing address if different from primary address above:	P.O. BOX 742
CULPEPER	VA 22701
City	State Zip Code
Other contact information: (703) 402–7453	
Telephone, including area code	Fax, including area code
	information@culpeperhabitat.org
	Information@culbebernabitat.org
	Required primary address:2180 MITCHELL MOUNTAIN SPERRYVILLE City Primary address" means the bona fide physical street address of the org o \$57-49.2 of the Code of Virginia, if the organization does not maintain ecords. Does the organization maintain any other offices in Virginia Yes

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION Form 102, Page 2

7.	Locati	ons of other chapters, branches, affiliates:				
	Does t	the organization have any chapters, branches or affiliates in Virginia? Yes X No				
	If "Yes	5, ¹¹				
	i)	Attach a list of the affiliates' names, addresses and telephone numbers. N/A				
	ii)	Are the income and expenses of these affiliates included in your organization's financial statement? Yes No				
8.	Please	If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. Please refer to 2VAC5-610-3 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.				
		Type of organization				
	Х	Corporation				
		Partnership				
		Other (specify):				
9.	Date o	of incorporation or formation: 10/27/1998				
10	مايين ما	to the companies that a second				
10.	. III WIIZ	at city was the organization legally established? RICHMOND VA City State				
11.	What is the main purpose of the charitable organization?					
	CONST	RUCTION, REHABILITATION AND REFURBISHING OF AFFORDABLE HOUSING				
12.	of Virg	and address of designated agent for receipt of process (service of legal documents) within the Commonwealth pinia. NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary or monwealth.				
	STEVE	EN JOHNSON				
	Name	and Company Name				
		MITCHELL MOUNTAIN ROAD				
	Addres					
	SPERF City	RYVILLE VA 22740 State Zip Code				
12	·	zation's fiscal year:				
10.	_	·				
	a) Da	ates of the CURRENT fiscal year: From: <u>JAN 1, 2022</u> To: <u>DEC 31, 2022</u>				
	b) Ha	as the organization recently changed its fiscal year?				
	lf '	'Yes," then provide the dates of the "short" fiscal year:				
	Fre	om: To:				
1.4	la tha -	prognization exempt under the Internal Revenue Code?				
. 4	_ is ii i i ∈ C	NOGUN GUON EXECUTO DOCE THE PRECION DEVELOR CODE! A LIES LIVO				

	1	5.	Kev	personnel	
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	•	Full name and title of the individuals having signatory power over the organization's funds: SEE ATTACHED LIST OF BOARD OF DIRECTORS ROSTER						
	•	Full name and title of the individuals who approve the organization's budget: SEE ATTACHED LIST OF BOARD OF DIRECTORS ROSTER						
		Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony? Yes X No If "Yes," then attach a statement providing a description of the pertinent facts.						
	ŕ	For the CURRENT fiscal year, attach a listing of the organization's officers, principal salaried executive staff which includes names, addresses, and title listing provided in the IRS Form 990. Note: Your registration will be considered not include titles. Addresses are not required if the named individuals are to be primary address.	es. We will <u>not</u> accept the ed incomplete if the listing does					
16.	<u>con</u> fina	ancial statements – please complete the following calculations using your finan npleted fiscal year : In order to complete VDACS Form 102, organizations w ncials to list fundraising and management expenses: A): Percentage of fundraising expenses:						
	1	 Total amount of contributions received directly from the public: (found on the IRS Form 990, Page 9, Part VIII, line 1h / 990EZ, Page 1, Part 1, Line 1 (less government grants) 	\$19,081.00					
	2	Total spent on fundraising, including contracts with professional fundraising counsel or professional solicitors: (found on IRS Form 990, Page 10, Part IX, Line 25, Column D / 990EZ, Page 1, Part 1, Line 13)	\$0.00					
	3	Percent of fundraising expenses: (found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1))	0_%					
	4	For federated fundraising organizations ONLY: State the percentage withheld from a donation designated for a member agency.	0.000000 %					
	16(I	3): Percentage of charitable services expenses:						
	1) Total amount of expenses dedicated to providing charitable services: (found on IRS Form 990, Page 10, Part IX, Line 25, Column B / 990EZ, Page 2, Part III, Line 32)	\$8,276.00					
	2) Total amount of expenses of the organization: (found on IRS Form 990, Page 10, Part IX, Line 25, Column A / 990EZ, Page 1, Part 1, Line 17)	\$8,276.00					
	3) Percent of program services expenses: (found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2))	100.000000 %					

16(C): Percentage of administrative expenses:

1)		90, Page 10	penses dedicated to administrative costs: (found on IRS), Part IX, Line 25, Column C / 990EZ, Page 1, Part 1,	\$0.00	-
2)	Total a Page 1	mount of exp 0, Part IX, L	penses of the organization: (found on IRS From 990, ine 25, Column A / 990EZ, Page 1, Part 1, Line 17)	\$ <u>8,276.00</u>	_
3)			rative expenses: (found on this form, OCRP-102, by Line 16C(2))	0	_%
		r telephone :	end to solicit contributions from the public directly (include solicitations, special events, direct mail, etc.)?	ling corporate grant propos	als,
		zations, etc.)	nd to have others outside the organization (e.g. volunteed conduct solicitations on its behalf?	rs, federated fund-	
cond	ne currer uct any a ration?	spects (inclu	has your organization entered into an agreement or coruding planning, managing, or carrying out) of a complete No If "Yes" to question 19, please indicate the arra checking below:	d, current or upcoming	by
	Х	Category	Type of Arrangement		
		Α	A bona fide, salaried officer or employee of the charitable organization	tion or its parent organization	
		В	An outside consultant or professional fundraising counsel		
		С	A paid professional solicitor		
a) Li th	ist the na	me and add	ress(es) of the professional fundraising counsel or profesact that was previously submitted to the Commissioner:		
a	s requir	ed by Section	organization's current fundraising contract(s) that were on 57-54 of the Code of Virginia. Ganization will use the contributions received during the		d
	ONSTRU	CT, REHAE	BILITATION AND REFURBISHING OF AFFORDABLE	E HOUSING	
C		nization beer	n authorized by any other state or governmental agency t	o solicit contributions?	y .

22.		officer, professional fund-raising counsel, or professional solicitor for the organiz any court or otherwise prohibited from soliciting in any jurisdiction?	ation
	Yes	No If "Yes," then attach a copy of the Order that states the reasons and tir period for the injunction or prohibition.	me
23.	in any jurisdiction of emb	nal fund-raising counsel, or professional solicitor for the organization ever been co ezzlement, larceny or other crimes involving the obtaining of money under false cation of funds impressed with a trust?	onvicted
	Yes	No If "Yes," then attach a copy of the court Order that states the reasons the conviction, or a copy of any applicable pardon.	for
24.	Please indicate the type year (check all that apply)	of solicitation activities that your organization may pursue during the current fiscal	
	X Type of Soli	itation	
	X Telephone		
	X Direct mail		
	X Internet		
	X Special even	S	
	X Door-to-door		
	X Personal con		
	Other (Specif	<u>/):</u>	
25.	shall become public recor You are required by law t you do not provide the re submitted to OCRP within	ded, all information required to be filed under Chapter 5 of Title 57 of the Code in the Office of the Commissioner, and shall be open to the general public for supply this information as a prerequisite to the solicitation of charitable contiquired information, you may not solicit in Virginia. Any change in information fin seven (7) days of the change. In order to assist you in determining whether mation, please respond to the following:	r inspection. ributions. If led must be
	i) Are all questions on the		
	X Yes	No If "No," then the registration will be considered incomplete.	
	ii) Are all required attachn	ents included (see page 7 for "Checklist of Required Attachments")?	
	X Yes	No If "No," then the registration will be considered incomplete.	

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION Form 102. Page 6

26. OATH OR AFFIRMATION. (MUST BE WET INK SIGNATURES)

*Two (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. <u>Copies are not allowed</u>.

We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

Wet ink Signature of the chief fiscal officer, chief financial officer, or treasurer	Wet ink signature of the president or other authorized officer
ALLEN SCHIRMER Print name	STEVEN JOHNSON Print name
TREASURER Title	PRESIDENT Title
Date	Date

*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel *are effective, if complete, upon receipt* by the Commissioner." For more information on determining whether your registration is complete, see: http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf.

Rules Governing the Solicitation of Contributions: http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreg.pdf.

SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

\$30	If your gross contributions for the preceding year do not exceed \$25,000
\$50	If your gross contributions exceed \$25,000, but do not exceed \$50,000
\$100	If your gross contributions exceed \$50,000, but do not exceed \$100,000
\$200	If your gross contributions exceed \$100,000, but do not exceed \$500,000
\$250	If your gross contributions exceed \$500,000, but do not exceed one million dollars
\$325	If your gross contributions exceed one million dollars

- "Gross contributions" means the total contributions received by the organization from all sources, excluding
 government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 in addition to the applicable annual registration fee.

**Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.

*COMPUTATION OF FE Due to the diversity in reporting, the following computation should annual registration fee.		guide for calcu	lating the required				
Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A 19,081.00							
Subtract							
Funds received from federated fundraising organization (F	FO)**						
(IRS Form 990, Part VIII, Line 1a): B0.00_							
Government Grants (IRS Form 990, Part VIII, Line 1e) C							
Total Deductions (add Lines B and C) D0.00_							
GROSS CONTRIBUTIONS (subtract Line D from Line A) E 19,081.00							
**The federated fundraising organization (FFO), as defined in §57-48 Commissioner to qualify for subtraction of funds in the fee computation.							
Name of FFO: N/A							

FORM 102 - CHECKLIST OF REQUIRED ATTACHMENTS

Х	ALL Registrants MUST file the following Items:
Х	Remittance form and check, made payable to "Treasurer of Virginia."
Х	Listing of <u>names</u> , <u>titles</u> , and addresses of <u>the current</u> officers, directors, trustees, and any principal salaried executive staff. Titles are required ; addresses are not required if the named individuals are to be contacted at the organization's primary address. We will <u>not</u> accept the listing included in the most recently completed IRS Form 990 since that listing is not for the current year.
	Financial report. All organizations with prior financial history shall file a copy of one of the following:
	(1) The most recently completed IRS Form 990, 990-PF, or 990-EZ, with all schedules, as required by the IRS, except Schedule B, and with all attachments, as filed with the IRS. The form must be signed or, if the form is filed electronically with the IRS, the organization must submit a signed copy of the IRS e-file signature authorization; or
	(2) Certified audited financial statements for the most recently completed fiscal year; or
Х	(3) If the annual income of the organization qualifies the organization to file Form 990-N with the IRS, a certified treasurer's report for the past fiscal year. Form 990-N is NOT an acceptable financial statement. A "certified treasurer's report" is an income and expense statement and a balance sheet for the most recently completed fiscal year and include the certification signed by the treasurer, "I hereby certify that, to the best of my knowledge, the financial statement above is accurate and correct. <i>Ilsigned</i> ."
	Important Note: If your most recently completed financial report is not ready by the registration due date, you may request an extension of time to file your registration statement for either 3 or 6 months. The extension request may be mailed, faxed to our office at 804-225-2666, or emailed to OCARPUNIT.vdacs@vdacs.virginia.gov , and must include: 1) the organization's name, 2) Federal Identification Number (FEIN), and 3) the extension request length of time, which is either for 3 months or 6 months.
	If you do not provide the correct financial report by the required/extended due date, and have not requested an extension of time to file, you will be assessed a late fee of \$100.
	Newly formed organizations : shall file a copy of the board-approved budget of anticipated revenues and expenses for the CURRENT year. Please notate on the budget the date of board approval.
	A list of the addresses and telephone numbers for any branch offices in Virginia, if you answered "yes" to question 4.
	A list of any chapters, branches or affiliates' names, addresses and telephone numbers, if you are a parent organization as identified by your response to question 7 .
	Copy of signed contract(s) between your organization and each professional fundraising counsel and / or professional solicitor, if you answered "yes" to question 19.
	Copy of any amendments to your articles of incorporation, not previously filed. If unincorporated, file any amendments to the governing documents, not previously filed.
	Copy of amendments to your by-laws, not previously filed.
	IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt, not previously filed . If tax-exemption is pending, the completed IRS application form, as filed with the IRS.
Х	First-time / Initial filers MUST also file <u>copies</u> of the following Items:
	Certificate of incorporation, if the organization is incorporated. If the organizing jurisdiction does not issue a certificate, the articles must bear a state stamp or seal.
	Articles of incorporation, if the organization is incorporated, and any subsequent amendments to those documents. If unincorporated, file any other governing documents.
	Bylaws and any amendments.
	IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt. If tax-exemption is pending, the completed IRS application form, as filed with the IRS.



Board of Directors Roster

Name	Street	City	State	Zip	Tel	Email	Position
Johnson, Steven	2180 Mitchell Mountain Rd	Sperryville	VA	22740	(703) 402- 7453	sjohnson@culpeperhabitat.org	President
Carroll, Brandon	12415 Scotts Mill Rd	Culpeper	VA	22701	(703) 861- 6016	brandoncrealestate@gmail.com	Vice President
Schirmer, Allen	PO Box 1866	Culpeper	VA	22735	(571) 643- 1347	eallenschirmer@gmail.com	Treasurer
Berman, Shiphra	2180 Mitchell Mountain Rd	Sperryville	VA	22740	(703) 801- 7159	shiphraberman@hotmail.com	Secretary
Martire, Jerry	8409 White Shop Rd	Culpeper	VA	22701	(703) 244- 1826	jerry@repsolutions.info	President Emeritus
Bradford, Bill	10071 Jann Ct	Culpeper	VA	22735	(540) 219- 8648	bradfords4vt@comcast.net	Member At Large
Kessler, Keith	12037 Rixeyville Rd	Culpeper	VA	22701	(703) 203- 8885	keithkessler@reagan.com	Member At Large
Racer, Robert	Fulton Mortgage Company 319 Southgate Shopping Ctr	Culpeper	VA	22701	(540) 717- 2234	rracer@fultonmortgagecompany.com	Member At Large
Sapp, Fred	2048 Birch Drive	Culpeper	VA	22701	(540) 422- 1352	sranger93@gmail.com	Member At Large

Together, we're building a community.

Habitat for Humanity of Culpeper County, Inc. PO Box 742 Culpeper, VA 22701

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022	
Open to Public	

W 1	OI UI	e 2022 calendar year, or tax year beginning and	enaing		
В	Check if	C Name of organization		D Employer identific	cation number
	Addre				
	Name	Doing business as		54-19436	<u>52</u>
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	□Final return			(703) 980	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u> 19,097.</u>
	Amen return	COMPEREN, VA 22701		H(a) Is this a group re	
	Application			for subordinates	? Yes X No
	pendi	ZISO MITCHELL MOUNTAIN ROAD, SPERRYVILL	<u>E, VA</u>	H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1998 N	State of legal domicile: VA
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: CONST	TROCTT	ON' KEHARITI	TATION AND
Activities & Governance		REFURBISHING OF AFFORDABLE HOUSING.			
ern	2	Check this box if the organization discontinued its operations or dispos		1 1	ets.
Š	3			3	9
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
Ξ	6	Total number of volunteers (estimate if necessary)			0.
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		16,793.	19,081.
ine	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	[0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16.	16.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	T T	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,809.	19,097.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
'n	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber	l b	Total fundraising expenses (Part IX, column (D), line 25)	0.		_
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,697.	8,276.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,697.	8,276 <u>.</u>
	19	Revenue less expenses. Subtract line 18 from line 12		4,112.	10,821.
Net Assets or	4		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		530,126.	540,436.
t As	21	Total liabilities (Part X, line 26)		-252.	-763.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		530,378.	541,199.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
		Signature of officer		Date	
Sig				Duto	
Her	e	STEVEN JOHNSON, PRESIDENT Type or print name and title			
				Date Check	PTIÑ
D-'		Print/Type preparer's name RON EVANS, CPA RON EVANS, CPA RON EVANS, CPA		1/22/23 of self-employ	_
Paid					4-1149263
	parer	4444		FINITS CIN 3	- III/
086	Only	Firm's address 1100 SUNSET LANE SUITE 1310 CULPEPER, VA 22701		Phone no 54	0-825-6050
N/a-	(the !	RS discuss this return with the preparer shown above? See instructions		T HOME HO.	X Yes No
ivia,	y trie i	no discuss this return with the preparer shown above? See instructions			

Part IV Checklist of Required Schedules

L		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	INU
•		1	x	
2	If "Yes," complete Schedule A	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10_		<u> </u>
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,			ŀ
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
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	11b		<u> </u>
С	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	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	-	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>_x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	1.45		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
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	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19_		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

. u.	Checklist of Required Scriedules (continued)			
00	Did the examination report more than \$5,000 of grants or other assistance to or for democific individuals on		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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			**
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ď	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_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? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		_	
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ		
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
252	Part V, line 1	35a		x
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_	ļ	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		-	
Dai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Octionalis & Tesponse of flote to any life in this Fart v		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	4]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	L		
	(gambling) winnings to prize winners?	1c	<u> </u>	
		_	$\Omega\Omega\Lambda$	(2022)

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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? 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). X 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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? 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? Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. 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 X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

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			X				
Sec	tion 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 1a 9							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
_	officer, director, trustee, or key employee?	2	х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		_				
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the apprinting because desired the constant of the state of the st	5		X				
O Diddle amenication become acceptant and								
7a		6		Х				
/ a		7-		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	_					
D	and the state of t	7.		х				
	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			v				
a	The governing body?	8a		X				
	Each committee with authority to act on behalf of the governing body?	8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_ '		х				
202	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9						
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	- NI-				
40-	Did the construction have been been breaken as hereafter as (CC) 0		Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b						
U		12c						
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13		X				
14		14		X				
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	-						
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
_	The organization's CEO, Executive Director, or top management official	15a						
	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed VA							
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)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X 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	financ	ial					
	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							
	THE ORGANIZATION - (703) 986-3385		_					
	P.O. BOX 742, CULPEPER, VA 22701							

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than box, unless person is bot officer and a director/true			than is both	n an	1 '	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	the organization (W-2/1099-MISC/		organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations				
(1) STEVEN JOHNSON	2.00									
PRESIDENT		_		X		<u> </u>	_	0.	0.	0.
(2) BRANDON CARROLL	2.00					1			_	
VICE PRESIDENT		ļ	_	X		ļ		0.	0.	0.
(3) ALLEN SCHIRMER	2.00			l		}				
TREASURER		_		X		<u> </u>	<u> </u>	0.	0.	0.
(4) SHIRHRA BERMAN	2.00									_
SECRETARY				Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(5) JERRY MARTIRE	10.00	ļ				ļ				_
CONSTRUCTION COORDINATOR		X				1		0.	0.	0.
(6) KEITH KESSLER	2.00					ł				_
BOARD MEMBER		X						0.	0.	0.
(7) BILL BRADFORD	1.00	ļ								
MEMBER AT LARGE		Х	_			ļ	<u> </u>	0.	0.	0.
(8) ROBERT RACER	1.00	ļ								
MEMBER AT LARGE		X				<u> </u>	<u> </u>	0.	0.	0.
(9) FRED SAPP	1.00	ļ								
MEMBER AT LARGE		X				ļ	_	0.	0.	0.
				-						
		_		_		-	_			
	-		_						_	

	Section A. Officers, Directors, Trus	1	Jioy	ces,			311 0 5				Т			
	(A)	(B)			(D)	(E)			(F)					
	Name and title	Average		not c	heck i	more	than c		Reportable	Reportable	Estimated			
		hours per week					s both r/trust		compensation	compensation			ount (OT
		(list any	\vdash			<u> </u>		Ĺ	from the	from related organizations		comp	other	tion
		hours for	direct				,		organization	(W-2/1099-MISC			m the	
		related	36 Or 1	stee		[nsate		(W-2/1099-MISC/	1099-NEC)	<i>'</i>		ınizati	
		organizations	truste	al tru:		yee	ompe		1099-NEC)			_	relate	
		below	Individual trustee or director	institutional trustee	l el	Key employee	est co) je	'			orgai	nizatio	ons
		line)	Indi	Instii	Officer	Key 6	Highest compensated employee	Former						
											T			
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			<u>L_</u>								\dashv		_	
	Subtotal								0.).			0.
С	Total from continuation sheets to Part VI	I, Section A							0.).			0.
<u>d</u>	Total (add lines 1b and 1c)						.,,		0.	().			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, trusto	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on	L			
	line 1a? If "Yes," complete Schedule J for s										. [3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150									=	[4		Х
5	Did any person listed on line 1a receive or a									ual for services		\neg		
-	rendered to the organization? If "Yes." com	_				-			_			5		Х
Sec	tion B. Independent Contractors	LIGITO CONTOURN	- 1/ //				··							
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ntra	actor	's th	nat received more than \$	100,000 of compe	nsatio	on froi	m	-
•	the organization. Report compensation for												-	
	(A)				. 3 VV				(B)			(C)	1	
	Name and business	address	NO	NE	3			-	Description of s	ervices	Co	mpen	, satio	n
					-			1	- 					
								7						
								1		+				
								1						
								-		_		_		
2	Total number of independent contractors (i		ot lin	nited	to t	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organic	zation				(200	000-
	•										F	orm §	ソリリ ()	2022)

Form Pa						YTINAMUH	OF CULPEPE	R	54-1943	662 Page 9
<u> " "</u>		-	_			P-	t. data Dana Mill			
			Check if Schedule O o	contains	a respons	e or note to any lir	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Fundraising events	ibutions grants, a above	1b 1c 1d 1e 1f 1g \$	19,081.	19,081.			
<u>. O @</u>	-		Total, Add lines (a-11			Business Code	13,0010			
Program Service Revenue	2	a b c								
or _c		•	All other program service	201/00110						
			Total. Add lines 2a-2f				-			
	3		Investment income (included other similar amounts) Income from investment of	ling divid	dends, inte	rest, and proceeds	16.			16.
Ì	5	•	Royalties	T	(i) Real	(ii) Personal	· ·			
	-	d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory							
Other Revenue	8	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	ig events	(not					
Ot			including \$ contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from the	line 1c).	See 8					
	9		Gross income from gamin							
	,	b	Part IV, line 19 Less: direct expenses Net income or (loss) from		9				,	
	10	а	Gross sales of inventory, leand allowances	ess retu	rns <u>10</u>					
		С	Net income or (loss) from	sales of	inventory					
scellaneous Revenue	11	a b				Business Code				
e Ner		C			-					
S S		Š	A.11	_		 				-

19,097.

16.

Form **990** (2022)

12

Secti	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									
	not include amounts reported on lines 6b, 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								
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								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
а	Management		_						
b	Legal								
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A), amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties			·-·-					
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates		,						
22	Depreciation, depletion, and amortization								
23	Insurance								
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 0.)								
а	HFHI TITHE	3,181.	3,181.						
b	AFFILIATE INSURANCE	2,513.	2,513.						
С	LAWN MAINTENANCE	1,400.	1,400.						
d	TOOLS	574.	574.						
е		608.	608.						
<u>25</u>	Total functional expenses. Add lines 1 through 24e	8,276.	8,276.	0.	0.				
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 if following SOP 98-2 (ASC 958-720)								

		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		45,849.	1	18,488.
	2	Savings and temporary cash investments		163,705.	2	173,720.
	3	Pledges and grants receivable, net		-	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current		-		
		trustee, key employee, creator or founder, sul				
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	•		6	
w	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		_	8	
As	9	Prepaid expenses and deferred charges		9		
		Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	l I			
	l h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line			12	·
	13	Investments - program-related. See Part IV, lin			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	320,572.	15	348,228.	
	16	Total assets. Add lines 1 through 15 (must ed		530,126.	16	540,436.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue	-	19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	•
	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub				
ij	i	controlled entity or family member of any of the			22	
<u>1</u> 2.	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin				
		of Schedule D		-252.	25	-763.
	26	Total liabilities. Add lines 17 through 25		-252.	26	-763.
		Organizations that follow FASB ASC 958, c	heck here			
es		and complete lines 27, 28, 32, and 33.	<u>—</u>		1	
anc	27				27	*** =-
Bal	28				28	
臣		Organizations that do not follow FASB ASC				
귤		and complete lines 29 through 33.	,			
ō	29	Capital stock or trust principal, or current fund	is	0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or	0.	30	0.	
Ass	31	Retained earnings, endowment, accumulated		530,378.	31	541,199.
Net Assets or Fund Balances	32	Total net assets or fund balances		530,378.	32	541,199.
	33	Total liabilities and net assets/fund balances		530,126.	33	540,436.

Pa	t 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		9,09	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	3,27	76.
3	Revenue less expenses. Subtract line 2 from line 1	3	10	0,82	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	530),37	78.
5	Net unrealized gains (losses) on investments				
6					
7					
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	541	L,19	99.
Paı	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis					1
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				I
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		T	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				MANITY OF COL				4-1943002
Pa	ırt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	is part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organiza						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). (C				, 3-		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
	X	An organization that normal	•				• •	nublic described in
•		section 170(b)(1)(A)(vi). (Co	-	mai part of its support if	om a gove	i i i i i i i i i i i i i i i i i i i	unit of from the general p	public described in
				4VAVvi) (Complete Bort	· II \			
8	H	A community trust describe			-	d in coniu	unation with a land grant	pollogo
9	ш	An agricultural research org				-	-	=
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	ame, city	, and state of the college	e or
40		university:		00.4/00/_5/1				
10		An organization that normal						
		activities related to its exem						
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor			_			
11	\vdash	An organization organized a	•	•	-			_
12		An organization organized a						
		more publicly supported org	="					Check the box on
		lines 12a through 12d that o						
а								
		the supported organization			majority o	f the direc	tors or trustees of the su	upporting
		organization. You must c						_
b	· <u> </u>							
		control or management of			ame persoi	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	•					
С	: [Type III functionally inte						ed with,
		its supported organization						
d	<u> </u>		-					
		that is not functionally int	•		=			veness
	_	requirement (see instructi						
е	, L	Check this box if the orga					Type I, Type II, Type III	
_		functionally integrated, or Type III non-functionally integrated supporting organization.						
		Enter the number of supported organizations Provide the following information about the supported organization(s).						
g		vide the following information (i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(*,) = \	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	103			
								-
		-						
								-
					-			

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.)

Sec	ction A. Public Support		·	,	-		•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and				•		
	membership fees received. (Do not						
	include any "unusual grants.")	10,410.	15,013.	21,394.	16,793.	19,081.	82,691.
2	Tax revenues levied for the organ-		-				
	ization'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	10,410.	15,013.	21,394.	16,793.	19,081.	82,691.
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,			1		i	
	column (f)						
	Public support. Subtract line 5 from line 4.		a l				82,691.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	10,410.	15,013.	21,394.	16,793.	19,081.	82,691.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0=6	100	4.0	4.5	4.5	468
	and income from similar sources	256.	138.	41.	16.	16.	467.
9							
	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.)						02 150
	Total support. Add lines 7 through 10						83,158.
12	·	•				12	250,740.
13	First 5 years. If the Form 990 is for th	_	st, second, third, to	ourth, or fifth tax ye	ear as a section 50)1 (c)(3)	
Sar	organization, check this box and stor ction C. Computation of Publi		rentage	······································			
	Public support percentage for 2022 (li			olumn (fl)		14	99.44 %
	Public support percentage from 2021	**	-			15	99.56 %
	33 1/3% support test - 2022. If the c						
100	stop here. The organization qualifies						T
b	33 1/3% support test - 2021. If the o		_				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization	-	
b	10% -facts-and-circumstances test						
_	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation, If the organization	n did not check a b	oox on line 13, 16a	, 16b, <u>17a, or 17b,</u>	check this box ar	nd see instructions	
				, , , , , , , , , , , , , , , , , , , ,			

Schedule A (Form 990) 2022

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	elow, piease com	Diete Fait II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	1-1-1-1	12/2010	(3) 2020	,2,2521	T	1.7
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-		_				
ization'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	<u>-</u>					
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6				ļ		
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						
2 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	e organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	501(c)(3) organization	n,
check this box and stop here	-		·	<u></u>	-	
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2022 (I	ne 8, column (f), c	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 17	' is not
more than 33 1/3%, check this box ar		_				
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						H
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check th	us box and see ins	structions	

Schedule A (Form 990) 2022

Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	•		
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chedule A (Form 990) 2022

	dule A (Form 990) 2022 HABITAT FOR HUMANITY O			54-1943662 Page 6
Pa	7 0 (7,7)			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion 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		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	-	
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	1		
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		
Sect	on 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		

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

4

5

6

Schedule A (Form 990) 2022

4

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

HABITAT FOR HUMANITY OF CULPEPER

Employer identification number 54-1943662

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Con	nplete if the
	organization answered "Yes" on Form 990, Part IV, line		00	inploto il tilo
		(a) Donor advised funds	(b) Funds and ot	her accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			•
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		•	
	harmon and a Malay and a large of the			Yes No
Pai		ganization answered "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	a historically important	: land area
	Protection of natural habitat	· —	a certified historic struc	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easen	nent on the last
	day of the tax year.			e End of the Tax Year
а			2a	
b				
c	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
_			2d	
3	Number of conservation easements modified, transferred, rele			e tax
	year	,g,		
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·		
-	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			ring the year
	• • •	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during t	he year
		-	-	•
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne			
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ner Similar Assets	5.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement a	nd balance sheet works	\$
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	therance of public	
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and b	alance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service	Э,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1		\$	
	Assets included in Form 990, Part X			

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Schedule D (Form 990) 2022

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

Sche		FOR HUMAN				O!!I-	54-19		
Par	t III Organizations Maintaining C							(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the follow	ing that make s	significant	use of its		
	collection items (check all that apply):								
а	Public exhibition	c	l Loar	or exchang	e program				
b	Scholarly research	e	Othe	r					_
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they fu	rther the org	janization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historic	al treasures	, or other simila	r assets		_	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the orga	anization ans	swered "Yes" or	n Form 99	0, Part IV, !	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.	<u>-</u>						
1a	Is the organization an agent, trustee, custodi		-				_	_	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
							ļ	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					<u>1e</u>			
f	Ending balance						l	-	
	Did the organization include an amount on Fe	•	•				<u>X</u>	Yes	L No
	If "Yes," explain the arrangement in Part XIII.								X
Par	t V Endowment Funds. Complete		I	- 1				1-3 Farms	
		(a) Current year	(b) Prior	/ear (c)	Two years back	(a) Three	years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions		-			ļ			
	Net investment earnings, gains, and losses					<u> </u>			
	Grants or scholarships						-		
е	Other expenditures for facilities					1			
	and programs								
f	Administrative expenses	-							
g	End of year balance		<u> </u>						
2	Provide the estimated percentage of the curr	•	e (line 1g, col	umn (a)) held	d as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c sho					Ī-			
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are	neia ana aa	ministered for t	ne		Г	res No
	organization by:							_	165 140
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
D	-							30	<u> </u>
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas	· -					-
	Complete if the organization answere). Part IV. line	11a. See Fo	orm 990. Part X	. line 10.			
	Description of property	(a) Cost or o		b) Cost or of		Accumulat	red	(d) Book	value
	Description of property	basis (investr	,	basis (othe	1 ' '	epreciation		(u) book	value
40	Land			2400 (0610	,	. p. 00.00.01	-		
	Land			-	 				<u> </u>
	Buildings	1	-						
	Equipment								
	Other	1	-						
	. Add lines 1a through 1e. (Column (d) must e		X column /P	line 10c)			- 		0.
		Guar Chin 200. 1 dil						_	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HABITAT FOR Part VII Investments - Other Securities.	HUMANITY OF	CULPEPER	54-1943662 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h 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 e	and-of-vear market value
(A) PP. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	(b) Dook value	(b) Notified of Valuation. Cool of	ond or your marker value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other		-	
(A)			
(B)	 .		
(C)			
(D)			
(E) (F)			
(G)			
(H)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
	(b) Book value	(c) Metriod of Valuation. Cost of C	ond or year market value
(1)	_	· · · · · · · · · · · · · · · · · · ·	
(2)			
(3)			
(4)			
(5)		-	
(6)			
(7)			
(8)			
(9) Table (Col. (b) must equal Form 000. Port V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.		<u> </u>	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part V line 15	
	Description	Tid. Gee Form 556, Fart X, line 15.	(b) Book value
WODERS COR DECETIVEDITE	200011711011		270,571.
TITITION IN A DECORAGE			76,157.
			1,500.
			1,300.
(4)			-
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)	····	· -	
(7)			
(8)	 		
(9)	45.		348,228.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.J		340,440.
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25
(a) Dan all War of Call 29.	5 555, 1 611 14, 1116	The control of the co	(b) Book value
11			(=/ = 5011 181189
(1) Federal income taxes (2) ESCROW ACCOUNTS (OVERDRAFT	S) RE		
(3) MORTGAGES RECEIVABLE			-763.
(4)			

Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

-763.

(5) (6) (7) (8) (9)

Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

HABITAT FOR HUMANITY OF CULPEPER

Inspection
Employer identification number
54-1943662

FORM 990, PART VI, SECTION A, LINE 2:
SHIPHRA BERMAN, SECRETARY OF THE ORGANIZATION IS THE WIFE OF STEVEN
JOHNSON, PRESIDENT.
FORM 990, PART VI, SECTION A, LINE 8A:
THE GOVERNING BODY IS AN ALL VOLUNTEER GROUP; AND ALL MEETINGS ARE OF THE
NATURE OF ONGOING BUSINESS OF CONSTRUCTION, REHABILITATION OR REFURBISHING
WHICH ARE NOT CONDUCIVE TO CONTEMPORANEOUS DOCUMENTATION.
FORM GGO DARW VI GEOWION A LINE SR.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO SEPARATE COMMITTEES
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PROVIDED TO ALL OFFICERS AND DIRECTORS FOR THEIR REVIEW
PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 18:
ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST
THE POOLITIES THE TIVILLIANS TON TIME BOTTON OF ON THE COLUMN
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

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