Department of the Treasury

EXTENSION GRANTED TO NOVEMBER 15, 2023 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.



Internal Revenue Service A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change FAUQUIER HABITAT FOR HUMANITY, INC. Name change 54-1595774 Doing business as X Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 3189 540-341-4952 2,303,177. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 20186 WARRENTON, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MELANIE BURCH for subordinates? Yes X No SAME AS C ABOVE _Yes H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 501(c) (527 If "No," attach a list. See instructions (insert no.) 4947(a)(1) or WWW.FAUQUIERHABITAT.ORG J Website: H(c) Group exemption number 8545 K Form of organization: X Corporation Trust Association Other L Year of formation: 1991 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE AFFORDABLE HOMES то 1 Activities & Governance FAMILIES WHO CANNOT AFFORD ONE THROUGH REGULAR PROGRAMS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 3 _____ 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 300 Total number of volunteers (estimate if necessary) 6 6 -9,643. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 516,407. 874,706. Contributions and grants (Part VIII, line 1h) 8 Revenue 136,316. 9 Program service revenue (Part VIII, line 2g) _____ 55,235. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,505. 229,632. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 587,147. 2,240,654. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 30,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 690,103. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 369,061 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 143,976. **b** Total fundraising expenses (Part IX, column (D), line 25) 272,025. 1,853,152. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,573,255. 641,086. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -53,939. -332,601. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 4,292,047. 4,646,462. Total assets (Part X, line 16) 20 1,112,500. 1,824,137 **21** Total liabilities (Part X, line 26) let 3. 179,547. 2,822,325 22 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.

Sign	Date										
Here	MELANIE BURCH, PRESIDENT										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date								
Paid	MATTHEW J. DEAN			self-employed P00961509							
Preparer	Firm's name HANTZMON WIEBEL L	LP		Firm's EIN 54-0618213							
Use Only	Firm's address PO BOX 1408										
	CHARLOTTESVILLE,		Phone no. (434) 296-2156								
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No							
232001 12-1	Form 990 (2022)										

	990 (2022) FAUQUIER HABITAT FOR HUMANITY, INC. 54-1595774 Page 2 t III Statement of Program Service Accomplishments
Fai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVIDE AFFORDABLE HOMES IN FAUQUIER AND RAPPAHANNOCK COUNTIES TO
	FAMILIES WHO CANNOT AFFORD A HOME THROUGH REGULAR PROGRAMS
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,605,737. including grants of \$ 30,000.) (Revenue \$ 1,151,697.)
4a	
	THE CONSTRUCTION PROGRAM PROVIDES AFFORDABLE HOMES TO FAMILIES WHO
	OTHERWISE COULD NOT AFFORD A HOME THROUGH REGULAR PROGRAMS. HOMES ARE
	CONSTRUCTED WITH VOLUNTEERS, PARTNER FAMILIES, AND CONTRACTORS AND ARE
	THEN SOLD TO FAMILIES BASED ON THEIR ABILITY TO AFFORD A REASONABLE
	MORTGAGE
4b	(Code:) (Expenses \$475,509. including grants of \$) (Revenue \$223,894.)
	THE RESTORE IS OPERATED TO PROVIDE FINANCIAL AND PUBLIC RELATIONS
	SUPPORT FOR THE ORGANIZATION'S MISSION FOR CONTRUCTING AFFORDABLE
	HOMES. THE RESTORE RECEIVES DONATED ITEMS FROM BUSINESSES AND
	INDIVIDUALS WHICH IT THEN SELLS AS DISCOUNTED PRICES TO THE PUBLIC.
	THE RESTORE ALSO ALLOWS PARTNER FAMILIES THE OPPORTUNITY TO VOLUNTEER
	AS A WAY OF MEETING "SWEAT EQUITY' REQUIREMENTS TOWARD HOME OWNERSHIP.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(() () () () () () () () () (
<u> </u>	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,081,246.
	Form 990 (2022)
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Form	990	(2022)
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 Form 990 (2022)
 FAUQUIER HABITAT FOR HUMANITY, INC.

 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		_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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
'	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- 1		
Ŭ	Schedule D, Part III	8		х
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			v
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	114	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 11	
•	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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		х
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	Х	
232003	9 12-13-22	Form	990	(2022)

5

232003 12-13-22

Form	990	(2022)
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			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		<u> </u>
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> </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		X
b	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			
	any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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):			
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			
	"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	Х	
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			
	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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		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	х	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 40		_	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Form	990 (2022) FAUQUIER HABITAT FOR HUMANITY, INC. 54-1595 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	774	Pa	age 5				
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 17							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v				
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E o		х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X				
		50 5c						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
0a	any contributions that were not tax deductible as charitable contributions?	6a		х				
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).							
	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		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	-						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-						
	Section 501(c)(12) organizations. Enter:							
a h	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against	-						
b								
19-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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							
с	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	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 activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.	<u>Га</u>	990	(0000)				
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Form 9	990 ((2022)
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FAUQUIER HABITAT FOR HUMANITY, INC.

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. X

			Yes	N				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a14	<u>.</u>						
	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 14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	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 organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
	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 reached at the							
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1.0						
	(This Section & requests information about policies not required by the internal neverale code.)		Yes	N				
0a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	<u>11a</u>		X				
		12a	Х					
	Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	-				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10.	х					
~	on Schedule O how this was done	12c	X					
3	Did the organization have a written whistleblower policy?	13	X					
4	Did the organization have a written document retention and destruction policy?	14						
5	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v					
	The organization's CEO, Executive Director, or top management official	15a	X	X				
b	Other officers or key employees of the organization	15b						
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
6a	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						
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed <u>VA</u>							
8	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)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial					
	statements available to the public during the tax year.							
0	State the name, address, and telephone number of the person who possesses the organization's books and records							
	THE ORGANIZATION - 540-341-4952							
	PO BOX 3189, WARRENTON, VA 20186							
			990					

Check if Schedule O contains a resp	oonse or note to	o any	/ line	e in t	his	Part	VII					
Section A. Officers, Directors, Trustees, Key	y Employees, a	nd H	ligh	est	Cor	npei	nsate	ed Employees				
 1a Complete this table for all persons required to List all of the organization's current office Enter -0- in columns (D), (E), and (F) if no competence 	ers, directors, tru	ustee						, ,	Ŭ	,		
 List all of the organization's current key e List the organization's five current highest 	compensated e	mpl	oyee	es (o	ther	r tha	n 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.												
• 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, 												
 List all of the organization's former direct more than \$10,000 of reportable compensation 									or or trustee of the org	anization,		
See the instructions for the order in which to list				ia a		orace		gamzationio.				
Check this box if neither the organization	nor any related	orga	niza	tion	cor	nper	nsate	ed any current officer, di	rector, or trustee.			
(A)	(B)			(C)			(D)	(E)	(F)		
Name and title	Average	(do	not	Pos	sitio	n e than	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ess pe	rson	is bot or/trus	h an	compensation	compensation	amount of		
	week				linecti		ilee)	from	from related	other		
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	ee or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	Itrust	Institutional trustee		oyee	Highest compensated emplovee		1099-NEC)	,	and related		
	below	vidual	itutio	cer	Key employee	hest c	Former			organizations		
	line)	Indi	Inst	Officer	Key	Eng	For					
(1) DARRYL R. NEHER	40.00	-						120 500	0	0		
	40.00			X				130,528.	0.	0		
(2) ANDRE P. GULLIS	40.00	-				x		122 402	0.	0		
DIRECTOR OF CONSTRUCTION (3) STEVEN M. HICKS	40.00			-		1		123,492.	0.	0		
CFO	40.00			x				77,898.	0.	0		
(4) LESLIE J. WISE	5.00							11,090.	0.	0		
CHAIR	5.00	x		x				0.	0.	0		
(5) THOMAS BARTKIEWICZ	5.00			17								
VICE-CHAIR		x		x		1		0.	0.	0		
(6) KEES DUTILH	3.00											
SECRETARY		X		x				0.	0.	0		
(7) T. DANA PAPPAS	5.00											
TREASURER		Х		X				0.	0.	0		
(8) KEN ALM	2.00											
DIRECTOR		X						0.	0.	0		
(9) KELP ARMSTRONG	2.00											
DIRECTOR		Х				_		0.	0.	0		
(10) DAVID COUK, JR.	2.00								0	•		
DIRECTOR	2 00	Х		_		_		0.	0.	0		
(11) SUSAN LONG	2.00							0	0	0		
DIRECTOR	2 00	Х		-		-		0.	0.	0		
(12) LEN MCGILL DIRECTOR	2.00	x						0.	0.	0		
(13) BARRIE NEWMAN	2.00	~				-		0.	0.	0		
DIRECTOR	2.00	x						0.	0.	0		
(14) NIGEL OGILVIE	2.00					-				0		
		x						0.	0.	0		
			 	1	\vdash	+			J	U		
	2.00											
DIRECTOR (15) CHARLES ROBINSON	2.00	x						0.	0.	0		
DIRECTOR (15) CHARLES ROBINSON		x				-		0.	0.	0		
DIRECTOR (15) CHARLES ROBINSON DIRECTOR	2.00	x x						0.	0.			
DIRECTOR (15) CHARLES ROBINSON DIRECTOR (16) CAROLINA GOMEZ SALGADO										0.		

Form 990 (2022)FAUQUIER HABITAT FOR HUMANITY, INC.54-1Part VIICompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

09110928 700786 28058

2022.04030 FAUQUIER HABITAT FOR HUMA 28058_1

54-1595774 Page 7

Form 990 (2022)								ΓΊ	Y, INC.	54-15	Paç	ge 8		
Part VII Section A. Office	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highe							t C	ompensated Employee	s (continued)				
(A)		(B)			(C)			(D)	(E)		(F)		
Name and t	title	Average Position							Reportable	Reportable		Est	imated	1
		hours per	(do not check more than one box, unless person is both an						compensation	compensatio	n	am	ount of	f
		week					r/trust		from	from related			other	
		(list any	ctor						the	organizations			oensati	on
		hours for					Ð		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga	anizatio	n
		organizations	trust	al tru		yee	om pe		1099-NEC)	,		•	l related	
		below	Individual trustee or director	Institutional trustee	5	mplo	est cc oyee	er				orga	nizatior	าร
		line)	In div	Instit	Officer	Key employee	Highest compensated employee	Former				-		
1b Subtatal									331,918.		0.			0.
1b Subtotal			•••••						0.		0.			0.
c Total from continuatio											0.			0.
d Total (add lines 1b and					-				331,918.					0.
2 Total number of individ	uals (including but n	ot limited to th	ose	listed	d ab	ove) who	o re	eceived more than \$100,	000 of reportable				~
compensation from the	e organization	4												2
													Yes	No
3 Did the organization lis	t any former officer,	director, truste	ee, k	ey ei	mplo	oyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes." comp	lete Schedule J for s	uch individual										3		х
									ner compensation from t		···· [
									for such individual			4		Х
									ed organization or individ		·····	-		
												-		х
		i <u>plete Schedule</u>	e J fo	or su	ch p	perso	on					5		Δ
Section B. Independent Co														
1 Complete this table for	your five highest co	mpensated ind	epe	nden	it co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report	rt compensation for	the calendar ye	ear e	ndin	g wi	ith c	or wit	hin	the organization's tax y	ear.				
	(A)								(B)			(C)	
	Name and business	address							Description of s	ervices	С	ompen	sation	
EARTH AND TURF,	, LLC													
9762 JAMES MADI	ISON HWY, W	ARRENTO	N,	VZ	A 2	20	186	5 0	CONSTRUCTION			106	5,29	0.
						-								
								-						
								Τ						
2 Total number of indepe	andent contractore (ii	actuding but pr	nt lin	nited	to t	hoc	a liet	- A	above) who received mo	ore than				
				meu	.01	.nos 1		Ju						
\$100,000 of compensa	mon from the organi	zation				1	-					- (000 /~	
												⊢orm •	990 (20	J22)

232008 12-13-22

Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	د د د ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب	 c Fundraising events d Related organizations e Government grants (corf All other contributions, gifts similar amounts not included g Noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d 	tributions) s, grants, and ed above in lines 1a-1f S SECON	1a 1b 1c 1d 1e 1f 1g \$	138,887. 735,819. 61,750. Business Code	e in this Part VIII (A) Total revenue 874,706.	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	د د د ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب	 b Membership dues c Fundraising events d Related organizations e Government grants (corf All other contributions, gift similar amounts not included noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d 	tributions) s, grants, and ed above in lines 1a-1f S SECON	1b 1c 1d 1e 1f 1g \$	735,819. 61,750. Business Code	Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
	د د د ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب	 b Membership dues c Fundraising events d Related organizations e Government grants (corf All other contributions, gift similar amounts not included noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d 	tributions) s, grants, and ed above in lines 1a-1f S SECON	1b 1c 1d 1e 1f 1g \$	735,819. 61,750. Business Code				from tax under
	د د د ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب	 b Membership dues c Fundraising events d Related organizations e Government grants (corf All other contributions, gift similar amounts not included noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d 	tributions) s, grants, and ed above in lines 1a-1f S SECON	1b 1c 1d 1e 1f 1g \$	735,819. 61,750. Business Code	874,706.			sections 512 - 514
	د د د ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب ب	 b Membership dues c Fundraising events d Related organizations e Government grants (corf All other contributions, gift similar amounts not included noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d 	tributions) s, grants, and ed above in lines 1a-1f S SECON	1b 1c 1d 1e 1f 1g \$	735,819. 61,750. Business Code	874,706.			
	2 a k c c f	 c Fundraising events d Related organizations e Government grants (corf f All other contributions, gifts similar amounts not included g Noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME RECAPTURE OF c AMORTIZATION d 	tributions) s, grants, and ed above in lines 1a-1f S SECON	1c 1d 1e 1f 1g \$	735,819. 61,750. Business Code	874,706.			
	2 a t c t t	 d Related organizations e Government grants (corf f All other contributions, gifts similar amounts not included g Noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d 	tributions) s, grants, and ed above in lines 1a-1f S SECON	1d 1e 1 1f 1g \$	735,819. 61,750. Business Code	874,706.			
	6 f 2 a k 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	 d Related organizations e Government grants (corf f All other contributions, gifts similar amounts not included g Noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d 	tributions) s, grants, and ed above in lines 1a-1f S SECON	1e 1f 1g \$	735,819. 61,750. Business Code	874,706.			
	6 f 2 a k 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e Government grants (cor f All other contributions, gift similar amounts not included n Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d e	tributions) s, grants, and ed above in lines 1a-1f S SECON	1e 1f 1g \$	735,819. 61,750. Business Code	874,706.			
	f 9 2 a k 0 0 6 f	 f All other contributions, gift similar amounts not included g Noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d 	s, grants, and ed above in lines 1a-1f S SECON	1f 1g \$	735,819. 61,750. Business Code	874,706.			
	2 a 2 a t 0 6	similar amounts not include Noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d e	ed above in lines 1a-1f S SECON	1f 1g \$	61,750. Business Code	874,706.			
	2 a k c c f	g Noncash contributions included h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d e	in lines 1a-1f	1g \$	61,750. Business Code	874,706.			
	2 a k c c f	h Total. Add lines 1a-1f a SALE OF HOME b RECAPTURE OF c AMORTIZATION d e	S SECON		Business Code	874,706.			
	2 a k c c f	a <u>SALE OF HOME</u> b <u>RECAPTURE OF</u> c <u>AMORTIZATION</u> d e	S SECON		Business Code	0/4,/00.			
Program Service Revenue	t c e f	b RECAPTURE OF c AMORTIZATION d e	SECON						
Program Service Revenue	t c e f	b RECAPTURE OF c AMORTIZATION d e	SECON			1 01 0 001	1 01 0 001		
Program Servi Revenue	c c e f	c AMORTIZATION d e				1,016,281.			
Program Se Revenu	c e f	d	OF MO		230000	87,155.			
Program	e f	e		RTGA	230000	19,104.	19,104.		
Progr	f								
<u>ъ</u>									
	ç	f All other program servic	e revenue		900099	13,776.	13,776.		
		g Total. Add lines 2a-2f				1,136,316.			
	3	Investment income (incl							
		other similar amounts)	•						
	4	Income from investment							
	5	Royalties		• •					
	J			(i) Real	(ii) Personal				
	^	- Overe vente	1 1 2	3,510.					
	6 a			7,772.					
		b Less: rental expenses			_				
	c	c Rental income or (loss)	-	5,738.		F 720	15 201	0 (12	
		d Net rental income or (los	·	<u></u>		5,738.	15,381.	-9,643.	
	7 a	a Gross amount from sales o		Securities	(ii) Other				
		assets other than inventory	7a						
	k	b Less: cost or other basis							
ne		and sales expenses	. 7b						
Revenue	c	c Gain or (loss)	7c						
Re	c	d Net gain or (loss)							
۲		a Gross income from fundrai							
Othe		including \$		of					
-		contributions reported c	n line 1c). S	See					
		Part IV, line 18							
	ŀ								
		c Net income or (loss) from							
				-					
	96	a Gross income from gam							
		Part IV, line 19				-			
		b Less: direct expenses							
		c Net income or (loss) from							
	10 a	a Gross sales of inventory							
		and allowances			248,645.				
	k	b Less: cost of goods sold	ł	10k	24,751.				
	C	c Net income or (loss) from	n sales of in	ventory		223,894.	223,894.		
<i>~</i>					Business Code				
suo 🗧	11 a	a							
ane Duć	k	b							
ellanec	c	c							
Miscellaneous Revenue		d All other revenue							
Σ		e Total. Add lines 11a-110			L				
	12	Total revenue. See instruc				2,240,654	1,375,591.	-9,643.	0.
232009						, , , , , , , , , , , , , , , , , , , ,	, ,		Form 990 (2022

FAUQUIER HABITAT FOR HUMANITY, INC.

Form 990 (2022)

11

54-1595774 Page 9

FAUQUIER HABITAT FOR HUMANITY, Part IX Statement of Functional Expenses

INC.

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 respon	se or note to any line in t	his 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	30,000.	30,000.		
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	282,484.	184,013.	69,520.	28,951
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	291,543.	189,915.	71,749.	29,879
8	Pension plan accruals and contributions (include	_ , •		,	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	65,243.	42,500.	16,056.	6.687
10	Payroll taxes	50,833.	33,113.	12,510.	<u>6,687</u> 5,210
11	Fees for services (nonemployees):		3371131	12/5100	57210
a L	Management	14,837.		14,837.	
b		11,551.		11,551.	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		112 (12)	05 576	10 751	7 205
	column (A), amount, list line 11g expenses on Sch 0.)	113,612.	95,576.	10,751.	7,285.
12	Advertising and promotion	36,303.	18,619.		15,918.
13	Office expenses	16,027.	1,744.	11,529.	2,754.
14	Information technology	34,896.	6,437.	17,126.	11,333.
15	Royalties	000 540	000 010	1 6 01 5	1.2
16	Occupancy	239,540.	223,312.	16,215.	13.
17	Travel	9,473.	705.	5,289.	3,479.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	40,418.		40,418.	
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	24,821.	9,752.	15,069.	
23	Insurance	52,448.	52,448.		
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	COST OF HOMES SOLD	1,112,148.	1,112,148.		
b	DUES AND SUBSCRIPTIONS	41,090.	3,076.	30,538.	7,476.
c	REPAIRS	39,235.	39,191.	44.	.,
d	PUBLIC EVENTS	29,799.	4,884.	379.	24,536
	All other expenses	36,954.	33,813.	2,686.	455
	Total functional expenses. Add lines 1 through 24e	2,573,255.	2,081,246.	348,033.	143,976
25 26	Joint costs. Complete this line only if the organization	4,5,5,455.	2,001,230.	540,055	113,570
26					
	reported in column (B) joint costs from a combined				
			1	1	
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

12

	1 990 (/ rt X	ENDINE FAUQUIER HABITAT FOR HUMANITY, Balance Sheet	INC.	54-	1595774 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	306,474.	1	100,273.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	151,345.
	4	Accounts receivable, net	23,000.	4	
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	332,594.	7	185,512.
	8	Inventories for sale or use	9,140.	8	22,834.
	9	Prepaid expenses and deferred charges	5,578.		12,943.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 633,626.			
	ь	Less: accumulated depreciation 10b 117,803.		10c	515,823.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	942,789.	15	3,657,732.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,292,047.	16	4,646,462.
	17	Accounts payable and accrued expenses	73,487.	17	130,722.
	18	Grants payable		18	
	19	Deferred revenue	54,156.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŷ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties	835,380.	23	714,630.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	149,477.	25	978,785.
	26	Total liabilities. Add lines 17 through 25	1,112,500.	26	1,824,137.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	3,179,547.	27	2,664,695.
Ba	28	Net assets with donor restrictions	0.	28	157,630.
pun		Organizations that do not follow FASB ASC 958, check here			
ц Г		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	3,179,547.	32	2,822,325.
	33	Total liabilities and net assets/fund balances	4,292,047.	33	<u>4,646,462.</u>

Form 990 (2022)

Form	1990 (2022) FAUQUIER HABITAT FOR HUMANITY, INC.	54-	1595774	1 F	age 12
Pa	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	2,24	40,	654.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,5'	73,	255.
3	Revenue less expenses. Subtract line 2 from line 1	3	-33	32,	601.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,1'	79,	547.
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		24,	621.
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	2,82	22,	325.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	/			
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a			<u>2</u> a	1	<u> </u>
	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				
b	Were the organization's financial statements audited by an independent accountant?		2b		_
	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:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?			;	<u> </u>
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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				x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>) (2022)
			FOR	11 3 3	• (2022)

SCHEDULE A	Dublic Cho	vity Status as					OMB No. 1545-0047		
(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.							
Department of the Treasury Internal Revenue Service		ttach to Form 990 or Fo					Open to Public Inspection		
Name of the organization	Go to www.irs.gov/	s.gov/Form990 for instructions and the latest information			ormation.	Employer	identification number		
Name of the organization	FAUQUIER HABIT.	AT FOR HIMAN	ר עידע	NC.			4-1595774		
Part I Reason for	Public Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	<u> </u>	4 1555774		
	ivate foundation because it is: (
	ntion of churches, or associatio)(A)(i).				
	ed in section 170(b)(1)(A)(ii).				· · · · · · · ·				
	ooperative hospital service orga			(b)(1)(A)(ii	i).				
4 A medical resear	rch organization operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
city, and state:									
5 An organization	operated for the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	d in		
section 170(b)(1)(A)(iv). (Complete Part II.)								
6 A federal, state,	or local government or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X An organization	that normally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	oublic described in		
section 170(b)(1	I)(A)(vi). (Complete Part II.)								
8 A community tru	st described in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9 An agricultural re	esearch organization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
or university or a	non-land-grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
university:									
-	that normally receives (1) more					-	•		
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment									
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.								
	(a)(2). (Complete Part III.)								
	organized and operated exclusion								
	organized and operated exclusion								
	pported organizations describe						neck the box on		
	h 12d that describes the type o					-	sivina		
	oorting organization operated, s organization(s) the power to rea								
	organization(s) the power to re-		majonty o				ipporting		
	porting organization supervised		ion with its	s sunnorte	d organizatio	n(s) by hav	ina		
	agement of the supporting organization				-		-		
	. You must complete Part IV,				ni or or mana	ge the supp			
	onally integrated. A supportin		in connect	ion with, a	and functiona	llv integrate	d with		
	organization(s) (see instructions								
	unctionally integrated. A supp					rted organiz	ation(s)		
	ctionally integrated. The organiz					-			
requirement (s	ee instructions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.				
e 🗌 Check this boy	k if the organization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
functionally int	egrated, or Type III non-function	nally integrated supporti	ng organiz	ation.					
f Enter the number of s	supported organizations								
	information about the supporte		(iv) to the orga	pization listed					
(i) Name of supporter	d (ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount o		(vi) Amount of other support (see instructions)		
organization		above (see instructions))	Yes	No	support (see i	1311 10110113)			
			1		1				

Total

Schedule A (Form 990) 2022 FAUQUIER HABITAT FOR HUMANITY, INC. 54-1595774 Page 2 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
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	989,793.	2521362.	1169398.	516,407.	874,706.	6071666.
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	000 702	2521262	110000	F1C 407	074 706	C071CCC
	Total. Add lines 1 through 3	989,793.	2521362.	1169398.	516,407.	874,706.	6071666.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						219,018.
6	•••••••••••••••••••••••••••••••••••••••						5852648.
	Public support. Subtract line 5 from line 4.						J0J2040.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	989,793.	2521362.	1169398.	516,407.	874,706.	6071666.
	Gross income from interest,	50577550	20210021	110555501	510/10/1	0,1,,000	00710000
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			1.	1,616.		1,617.
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						6073283.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,033,439.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	phere					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>96.37 %</u>
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>97.36 %</u>
16 a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	: - 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •		•		
b	10% -facts-and-circumstances test	•					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

	qualify under the tests listed b	elow, please comp	lete Part II.)				
Sec	tion A. Public Support						
Cale	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.")						
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				\bigcirc		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4					
b	Unrelated business taxable income						
	(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	C					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section /	01(c)(3) organizatic	n,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)22 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A, I	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	ies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
23202	3 12-09-22		17			Schedule A	(Form 990) 2022

(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

Schedule A (Form 990) 2022 FAUQUIER HABITAT FOR HUMANITY, Part III Support Schedule for Organizations Described in Section 509(a)(2)

INC.

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¹⁷ 2022.04030 FAUQUIER HABITAT FOR HUMA 28058_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

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.)

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.
- 2 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?
- 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.**
- 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).
- 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).*
- **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.)

18

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FAUQUIER HABITAT FOR HUMANITY, INC. 54-1595774 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described 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 <u>detail in P</u>art VI 11c

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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	tion C. Type II Supporting Organizations			
			Yes	No

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? 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 exception(a)	1				

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organizati	on used to satist	v the Integral Part Test dur	ing the year (see instructions).
-		guinzun		y the integral i art rest dan	

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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 these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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_	dule A (Form 990) 2022 FAUQUIER HABITAT FOR HUM			4-1595774 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e 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	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):			
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):			
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	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting orga	nization (see
	instructions).	0		

Schedule A (Form 990) 2022

232026 12-09-22

FAUQUIER	HABITAT	FOR	HUMANITY,	INC.
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	5	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

<u>Schedule A</u>	(Form 990) 2022	FAUQUIER	<u>HABITA</u> T	FOR	HUMANITY,	INC.	54-1595774 _{Pa}	ige 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, an	prmation. Provide 1, 2, 3b, 3c, 4b, 4c,), lines 2 and 3; Part d 8; and Part V, Sec	the explanation 5a, 6, 9a, 9b, 9d IV, Section E, lii tion E, lines 2, 5	is require c, 11a, 1 nes 1c, 2 , and 6.	ed by Part II, line 1 1b, and 11c; Part I 2a, 2b, 3a, and 3b; Also complete this	D; Part II, line 17 V, Section B, line Part V, line 1; Pa part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, litional information.	
	(See instructions.)							
								<u></u>
232028 12-09-2	2			22			Schedule A (Form 990)	2022

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FAUQUIER HABITAT FOR HUMANITY,

X 501(c)(3) (enter number) organization

Gene

Speci

X under iy one 1h;

iring the box y etc., contributions tota \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

INC.

OMB No. 1545-0047

2022

Employer identification number

54-1595774

] 4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
99	990-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	, ,	ered by the General Rule or a Special Rule.	
: 0	Only a section 501(c)(7), (8),), or (10) organization can check boxes for both the General Rule and a Special Rule	 See instructions.
ral	al Rule		
	property) from any one co	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling contributor. Complete Parts I and II. See instructions for determining a contributor's	
ial	al Rules		
	sections 509(a)(1) and 170 contributor, during the ye	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 70(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and rear, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F 1. Complete Parts I and II.	that received from an
	contributor, during the ye literary, or educational pu	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, total contributions of more than \$1,000 exclusively for religious, charitable, scie purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er head of the contributor name and address), II, and III.	entific,
	year, contributions <i>exclus</i> is checked, enter here the purpose. Don't complete	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a usively for religious, charitable, etc., purposes, but no such contributions totaled mo ne total contributions that were received during the year for an <i>exclusively</i> religious e any of the parts unless the General Rule applies to this organization because it r contributions totaling \$5,000 or more during the year	ore than \$1,000. If this s, charitable, etc.,

Department of the Treasury

Filers of:

Form

Internal Revenue Service

Form 990 or 990-EZ

Name of the organization

Organization type (check one):

Section:

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

FAUQUIER HABITAT FOR HUMANITY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Person Payroll 61,750. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 156,345. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 28,350. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 300,200. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 Person Payroll 138,887. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

54-1595774

09110928 700786 28058

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Data received
Part I		(See instructions.)	
	2000 SH CSX		
		\$ 61,75	12/27/22
(a) No.	(6.)	(c)	(-1)
	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)	A.	(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	I listo rocolvod
		\$	
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
from	Description of noncash property given		
Part I		(See instructions.)	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	
		¢	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	
Part I			
—			
		\$	

Schedule B (Form 990) (2022)

09110928 700786 28058

Schedule B (Form 990) (2022) Name of organization

> 26 2022.04030 FAUQUIER HABITAT FOR HUMA 28058_1

Employer identification number

Schedule I	B (Form 990) (2022)		Page 4
Name of o	rganization		Employer identification number
FALIOU	IER HABITAT FOR HUMANIT	Y TNC.	54-1595774
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in sect	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	. For organizations ss for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
			_
-		(e) Transfer of gift	
		(-)	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
		(c) number of give	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 4111			
-		(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferacia nama, addresa	and ZID + 4	Polotionship of transferer to transferes
ł	Transferee's name, address,		Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (2022)

SCHEDULE D)
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(Form	990)
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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.

INC.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

FAUQUIER HABITAT FOR HUMANITY,

 $\begin{array}{c} \text{Employer identification number} \\ 54-1595774 \end{array}$

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other a	ccounts
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	writing that the assets held in donor adv	sed funds	
	are the organization's property, subject to the organization's e	-		s N
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
				s 🗌 No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education) Preservation	of a historically important land	area
	Protection of natural habitat	Preservation	of a certified historic structure	
	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 easement	on the last
	day of the tax year.		Held at the End	of the Tax Yea
а	Total number of conservation easements		2a	
b				
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax	
	year			
4	Number of states where property subject to conservation eas	ement is located	_	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?	Υε	s 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cor	servation easements during t	he year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the ye	ear
_				
8	Does each conservation easement reported on line 2(d) above			
_	and section 170(h)(4)(B)(ii)?			s 🗌 No
9	In Part XIII, describe how the organization reports conservation	1		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stater	nents that describes the	
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or C	ther Similar Assets	
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 958		and balance sheet works	
Ia	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			
	If the organization elected, as permitted under FASB ASC 958			
h	In the organization elected, as permitted under 1 ASD ASO 330			
b	art historical trassures, or other similar assets hold for public		inerance of public service,	
b	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur		
b	provide the following amounts relating to these items:		¢	
b	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			
	 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 		\$	
b 2	 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 If the organization received or held works of art, historical treat 	asures, or other similar assets for financi	\$	
2	 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 If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS 	asures, or other similar assets for financi SC 958 relating to these items:	al gain, provide	
2 a	 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 If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS 	asures, or other similar assets for financi SC 958 relating to these items:	\$\$ al gain, provide	



Sche		R HABITAT					54-15	95774	Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histori	cal Treas	sures, or C	other Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, access	ion, and other record	s, check an	y of the foll	owing that ma	ake significant	use of its		
	collection items (check all that apply):								
а	Public exhibition	c	l 🗌 Loa	an or excha	nge program				
b	Scholarly research	e	e 🗌 Oth	ner					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	n how they t	further the o	organization's	exempt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, histor	rical treasur	res, or other s	imilar assets		_	
	to be sold to raise funds rather than to be m						<u></u>	Yes	No
Par	t IV Escrow and Custodial Arran		ete if the or	ganization a	answered "Ye	s" on Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						_	-	
	on Form 990, Part X?						L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	e:					
								Amount	
С	Beginning balance					<u>1c</u>			
d	Additions during the year								
е	Distributions during the year					<u>1e</u>			
f	Ending balance					1 f		7	
	Did the organization include an amount on F						L	Yes	
	If "Yes," explain the arrangement in Part XIII.						<u></u>		
Par	t V Endowment Funds. Complete							(-) [
		(a) Current year	(b) Prior	ryear ((c) Two years b	ack (d) Three	years dack	(e) Four y	ears dack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1g, c	plumn (a)) h	neld as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	_%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held and	administered	for the			'es No
	organization by:								'es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Par	t VI Land, Buildings, and Equipm		wment func	IS.					
1 41	Complete if the organization answere) Dart IV lin	na 112 Saa		art X line 10			
	Description of property	(a) Cost or c basis (investr		(b) Cost or basis (ot		(c) Accumulate depreciation		(d) Book	value
.	Land		nony	Dasis (UL		depreciation	<u> </u>		
	Land			222	,508.	30,8	73	502	,635.
b	Buildings				,890.	7,8		J02	<u>,035.</u> 0.
	Leasehold improvements				,228.	79,0		12	,188.
d	Equipment			24	, 4 4 0 •	ן כו		10	,100.
	Other		<u> </u>		<u> </u>		<u> </u>	515	,823.
iota	. Add lines 1a through 1e. (Column (d) must e	<u>equal Form 990, Part</u>	<u>x, column (</u>	<u>ы), Iine 10с.</u>	J		<u></u>	777	,04

Schedule D (Form 990) 2022

Schedu		BITAT FOR HUM	ANITY, INC.	54–1595774 _{Page} 3
Part				
	Complete if the organization answered "Yes"			
	Scription of Security or Category (including name of security)	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
• •	ancial derivatives			
	sely held equity interests			
(3) Oth	ier			
(A)				
<u>(B)</u>				
(C) (D)				
(E)				
(F)				
(G)				
(<u>U</u>)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part	VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part	X line 13
	(a) Description of investment	(b) Book value		ion: Cost or end-of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part				
	Complete if the organization answered "Yes"		11d. See Form 990, Part 2	,
		Description		(b) Book value
-				891,646.
	ERC RECEIVABLE			138,887.
	OTHER RECEIVABLES			18,169.
	LAND HELD FOR DEVELOPMENT	AS LOTS FOR	HOMEBUILDING	1,778,051. 5,911.
	DEPOSITS RIGHT OF USE ASSETS UNDER	ODEDAUTNO IE	אמדמ	825,068.
	RIGHI OF USE ASSEIS UNDER	OPERALING LEA	6768	825,008.
(7)				
<u>(8)</u> (9)				
	Column (b) must equal Form 990, Part X, col. (B) lin	0.15)		3,657,732.
Part		e <u>(J.)</u>		5705777520
	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
	Federal income taxes			
(2)	SBA EIDL LOAN			148,058.
(3)	OBLIGATIONS UNDER OPERATI	NG LEASES		830,727.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (<u>Column (b) must equal Form 990, Part X, col. (B) lin</u>	e 25.)		
2. Lial	bility for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financi	·
org	anization's liability for uncertain tax positions unde	r FASB ASC 740. Check h	ere if the text of the footno	ote has been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

	dule D (Form 990) 2022 FAUQUIER HABITAT FOR HUMANITY,		54-2	1595774 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Ro	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	3,456,527.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities2t	83,028	·	
С	Recoveries of prior year grants2			
d	Other (Describe in Part XIII.)	ı 1,132,845.		
е	Add lines 2a through 2d		2e	1,215,873.
3	Subtract line 2e from line 1		3	2,240,654.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	1		
b	Other (Describe in Part XIII.) 4k			
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	2,240,654.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements V	With Expenses per	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	3,843,067.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	83,028	•	
b	Prior year adjustments2			
с	Other losses 20			
d	Other (Describe in Part XIII.)	1,186,784	•	
е	Add lines 2a through 2d		2e	1,269,812.
3	Subtract line 2e from line 1		3	<u>1,269,812</u> . 2,573,255.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	ı		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	2,573,255.
Pa	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	s 1b and 2b; Part V, line	4; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional i	nformation.		

PART X, LINE 2:

THE ORGANIZATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNIC	CAL MERITS
OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH GUIDANCE ESTABL	ISHED BY
THE FINANCIAL ACCOUNTING STANDARDS BOARD AND DETERMINED THAT TH	ERE ARE NO
UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON TH	E FINANCIAL
STATEMENTS OF THE ORGANIZATION.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
REVENUE INCLUDED IN FINANCIAL STATEMENTS RELATED TO FISCAL	
YEAR CHANGE	1,070,322.

31

COST OF SALES NETTED ON 990

RENTAL EXPENSES NETTED ON 990

232054 09-01-22

Schedule D (Form 990) 2022

24,751.

37,772.

Schedule D (Form 990) 2022 FAUQUIER HABITAT FOR HUMANITY, INC.	54-1595774 Page 5
Part XIII Supplemental Information (continued)	<u>u</u>
	1 133 9/5
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,152,045.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES INCLUDED IN FINANCIAL STATEMENTS RELATED TO FISCAL	
YEAR CHANGE	1,124,261.
COST OF SALES NETTED ON 990	24,751.
RENTAL EXPENSES NETTED ON 990	37,772.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,186,784.
	Schedule D (Form 990) 2022
232055 09-01-22 32	

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SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							OMB No. 1545-0047		
		Comple	ete if the organization			rt IV, line 21 or 22.		Open to Public		
Department of the Treasury Internal Revenue Service										
			GO to www.irs	.gov/Form990 for	the latest morm	auon.		Inspection		
Name of the organization		HABITAT F	OR HUMANITY	INC.				Employer identification numb 54-1595774		
Part I General In	formation on Grants a									
1 Does the organiza	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection	on		
criteria used to av	ward the grants or assis	tance?	-						No	
2 Describe in Part I	V the organization's pro	cedures for monit	oring the use of grant t	funds in the United	States.					
	d Other Assistance to I at received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
HABITAT FOR HUMANI 121 HABITAT STREET AMERICUS, GA 31709	2	91-1914868		30,000.	0.	5		ANNUAL TITHE		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

232102 10-31-22

Schedule | (Form 990) 2022 FAUQUIER HABITAT FOR HUMANITY, INC.

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Comparison of the cash grant
 Image: Comparis

34

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

THE ORGANIZATION MAKES AN ANNUAL TITHE TO HABITAT FOR HUMANITY

INTERNATIONAL (HFHI). BECAUSE THE FUNDS ARE UNRESTRICTED TO HFHI, THE

ORGANIZATION DOES NOT REQUIRE DOCUMENTATION OF USE OF THE FUNDS BY HFHI.

54-1595774 Page 2

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

. Inspection

Z

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
Attach to Form 990.

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

Name of the organization

Employer	identification	number

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ZU **Open to Public**

	FAUQUIER HAB	ITAT F	OR HUMANI	FY, INC.		54-159	957	74	
Pa									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of detern oncash contribution			3
1	Art - Works of art								
2	Art - Historical treasures				_				
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles					/			
7	Boats and planes								
8	Intellectual property		-	61 750					
9	Securities - Publicly traded	X	1	61,750.	F.AT	R MARKET V	'AL	UE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other \ldots								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organized							•	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
							`	Yes	No
30a	During the year, did the organization receive by					that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period'	?					Da		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p				tions?		1		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					37
	contributions?						2a		X
b	If "Yes," describe in Part II.								

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2022

232141 09-09-22

describe in Part II.

Schedule M (Form 990) 2022	FAUQUIER	HABITAT	FOR	HUMANITY,	INC
----------------------------	----------	---------	-----	-----------	-----

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS ABOVE REPRESENTS THE TOTAL OF INDIVIDUAL

GIFT TRANSACTIONS.

232142 09-09-22		Schedule M (Form 990) 2022
	36	, = = =

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.

INC.



54-1595774

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE CFO AND THE TREASURER PRIOR

TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS CONCERNS AS THEY ARISE AND ADDRESSES THEM IN BOARD

FAUQUIER HABITAT FOR HUMANITY,

MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD ESTABLISHES THE COMPENSATION FOR THE CEO BASED ON COMPARABLE

ORGANIZATIONAL PAYSCALES IN THE SAME GEOGRAPHIC REGION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S 1023 AND FORM 990 ARE STORED AT THE ORGANIZATION'S

OFFICE AND ARE AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO FILED ANNUALLY

WITH THE VIRGINIA DEPARTMENT OF AGRICULTURE, OFFICE OF CONSUMER AFFAIRS,

AND IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS CAN BE DISTRIBUTED TO THE PUBLIC UPON REQUEST. IN ADDITION, THE GOVERNING DOCUMENTS ARE FILED ANNUALLY WITH THE VIRGINIA DEPARTMENT OF AGRICULTURE, OFFICE OF CONSUMER AFFAIRS, AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS FOR SELECTION AND RETENTION OF INDEPENDENT

Name of the organization

Employer identification number 54 - 1595774

AUDITORS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE D, PART XI

THE ORGANIZATION RECENTLY CHANGED THEIR FISCAL YEAR FROM ONE ENDING JUNE 30 TO ONE ENDING DECEMBER 31. THE ORGANIZATION FILED A SHORT-YEAR 990 FOR THE PERIOD FROM JULY 1, 2021 TO DECEMBER 31, 2021. AUDITED FINANCIAL STATEMENTS FOR THE FISCAL PERIOD ENDED DECEMBER 31, 2022 ARE FOR THE 18-MONTH PERIOD FROM JULY 1, 2021 THROUGH DECEMBER 31, 2022. AS A RESULT, THE AUDITED FINANCIAL STATEMENTS FOR THE 18-MONTH PERIOD ENDED DECEMBER 31, 2022 INCLUDE REVENUE AND EXPENSES THAT WERE REPORTED IN THE SHORT-YEAR 990 FOR THE 6-MONTH PERIOD ENDING DECEMBER 31, 2021. ACCORDINGLY, \$1,132,845 IN REVENUE AND \$1,186,784 IN EXPENSES THAT ARE INCLUDED IN THE AUDITED FINANCIAL STATEMENTS FOR THE 18-MONTH PERIOD ENDING DECEMBER 31, 2022 ARE NOT REPORTED IN THIS 990.

SCHEDULE A, PART II

IN A PRIOR PERIOD, THE ORGANIZATION CHANGED ITS FISCAL YEAR FROM A YEAR ENDED JUNE 30 TO A CALENDAR YEAR ENDED DECEMBER 31. THE PAST FIVE PERIODS ON THE SCHEDULE A ARE AS FOLLOWS:

2022 - JANUARY 1, 2022 - DECEMBER 31, 2022 2021 - JULY 1, 2021 - DECEMBER 31, 2021 2020 - JULY 1, 2020 - JUNE 30, 2021 2019 - JULY 1, 2019 - JUNE 30, 2020 2018 - JULY 1, 2018 - JUNE 30, 2019

232212 10-28-22

Schedule O (Form 990) 2022

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 54 - 1595774

Department of the Treasury Internal Revenue Service

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

Name of the organization

FAUQUIER HABITAT FOR HUMANITY, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
HABITAT FOR HUMANITY INTERNATIONAL -							
91-1914868, 121 HABITAT STREET, AMERICUS, GA	SUPPORT FOR LOW INCOME						
31709	HOUSING	GEORGIA	501(C)(3)	LINE 7	N/A		х
HABITAT FOR HUMANITY VIRGINIA - 20-2832203							
4224 COX ROAD SUITE 137	SUPPORT FOR LOW INCOME						
GLAN ALLEN, VA 23058	HOUSING	VIRGINIA	501(C)(3)	LINE 7	N/A		Х
	-						
	-						
	4						
			1		1		

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 FAUQUIER HABITAT FOR HUMANITY, INC.

54-1595774 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	······································	, ,								-	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener manag partn	al or Percentago ^{jing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											1
	1										
	1										
	1										
		1					I	L		1	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) tion b)(13) rolled ity?
		country)		0				Yes	No

FAUQUIER HABITAT FOR HUMANITY, INC. Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with o		0				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization				11		Х
	Performance of services or membership or fundraising solicitations by related organization				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who mus						
	, and the second s	(b) ransaction type (a·s)	(c) Amount involved	(d) Method of determining amount invo	olved		
(1)							
<u>(2)</u>							
<u>(3)</u>							
<u>(4)</u>							
<u>(5)</u>							

(6)

Schedule R (Form 990) 2022 FAUQUIER HABITAT FOR HUMANITY, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(i org	all rs sec.	Share of			opor-	Code V-UBI	Genera	or Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(i org	c)(3) s.?	total	end-of-year	alloca	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	o
									Ì			
			· ·									
								<u> </u>				
				1				1	1	1		1

Schedule R (Form 990) 2022

<u>Schedule</u> R	(Form 990) 2022	FAUQUIER	HABITAT	FOR	HUMANITY,	INC.	54-1595774 Page 5
Part VII	Supplementa	I Information					<u></u>
	Provide additiona	l information for responses	to questions or	Sched	ule R. See instructio	ons.	
					(
							1
				_			
232165 09-14-2	22						Schedule R (Form 990) 2022

43 2022.04030 FAUQUIER HABITAT FOR HUMA 28058__1

N	lame:	FAUQUIER HABI	TAT FOR HUMANI	ITY, INC.							FEIN:	54-1595774
		and Entity: COM 382 Annual Limitation	MERCIAL RENTA	L POST-2017 NC Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
(r	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2022	9,643.										
B C												
A B C D E F												
F												
G H												
l J												
ĸ												
L M												
M N												
P												
Q R												
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V W												
[Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
D E F												
н												
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L M												
N O												
P Q												
R												
S T												
U												
V W												

44

212571 04-01-22

Form	990-T	E	Exempt Organization Business Income Tax Retur	m	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		つつつつ
		For cal	endar year 2022 or other tax year beginning, and ending	·	2022
	rtment of the Treasury al Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number
ΒE	xempt under section	Print	FAUQUIER HABITAT FOR HUMANITY, INC.	5	4-1595774
X		or Type	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 3189	EGrou (see i	o exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code WARRENTON, VA 20186	F	8545 Check box if
		С Во	ok value of all assets at end of year 4,646,462.		an amended return.
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
н	Check if filing only to	C	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.	E 4 0	341-4952
	The books are in car		THE ORGANIZATION Telephone number d Business Taxable Income	540-	341-4952
1			ss taxable income computed from all unrelated trades or businesses (see	1	0.
	D				0.
2					
3	Add lines 1 and 2		and instructions for limitation rules)		0.
4 5			see instructions for limitation rules) taxable income before net operating losses. Subtract line 4 from line 3		
5 6					
7		•	ng loss. See instructions ss taxable income before specific deduction and section 199A deduction.		
'	Subtract line 6 from			7	
8			; rally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions		<u> </u>
10	Total deductions				1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
••	enter zero			11	0.
Pa	rt II Tax Com	putati	on		· · · ·
1		-	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	0.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See ii	nstructions	4	
5	Alternative minimu	um tax (trusts only)	5	
6			cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	. 7	0.
ιнΔ	Ear Dopartwork	Doduct	ion Act Notice, see instructions		Form 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

Form 9	90-T (2022)			Page	: 2
Part	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions) 1b				
с	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2		0	•
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach statement)	3			
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	4		0	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0	•
6a	Payments: A 2021 overpayment credited to 2022				
b	2022 estimated tax payments. Check if section 643(g) election applies				
с	Tax deposited with Form 8868 6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions) 6e				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total 6g				
7	Total payments. Add lines 6a through 6g	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
	Enter the amount of line 10 you want: Credited to 2023 estimated tax	11			
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)				
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Ye	s No	<u> </u>
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here			<u> </u>	_
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
	foreign trust?			<u> </u>	_
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$				
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car	ryover			_
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	·	3.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.				
	Business Activity Code Available post-2017 NOL c	arryove	<u>r</u>		
	\$				
	\$				
6a	Did the organization change its method of accounting? (see instructions)			<u> </u>	_
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
	explain in Part V	<u></u>			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here		ury, I declare that I have examined Declaration of preparer (other tha		parer has any knowled		May the IRS discuss this return with the preparer shown below (see		
	Signature of officer	ſ	Date	Title				ctions)? X Yes No
	Print/Type prep	arer's name	Preparer's signature		Date	Check	if	PTIN
Paid						self- employ	ed	
Preparer	MATTHEW	J. DEAN						P00961509
Use Only		HANTZMON WIE	BEL LLP			Firm's EIN		54-0618213
eee enig		PO BOX 140	8					
	Firm's address	CHARLOTTES		Phone no.	(4	34) 296-2156		
223711 01-16-2	23							Form 990-T (2022)
			4	16				

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

<u>c</u>

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

2022

Open to Public Inspection for
E01(a)(2) Organizations Only

Α

Name of the organization FAUQUIER HABITAT FOR HUMANITY, INC.	B Employer identification number 54-1595774
Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 1

Describe the unrelated trade or business **COMMERCIAL RENTAL** F

	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7	15,148.	24,79	1.	-9,643.
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	15,148.	24,79	1.	-9,643.
Pa	tt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			ductions. Deduc	tion	s must be
1	Compensation of officers, directors, and trustees (Part X)				1	
•					~	

1	Compensation of officers, directors, and trustees (Part X)	1 _			
2	Salaries and wages	2			
3	Repairs and maintenance				
4	Bad debts			4	
5	Interest (attach statement). See instructions				
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion	9			
10	Contributions to deferred compensation plans				
11	Employee benefit programs	11			
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)	13			
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14		0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-9,643.
17	Deduction for net operating loss. See instructions	17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16		-9,643.		
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedule A	(Form 990-T) 2022		

223741 01-16-23

09110928 700786 28058

					1
Sched Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter meth	nod of inventory valuatior			Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	,			
9 Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				Yes No
1	Description of property (property street address, city, s				
•	A				
	B				
	c 🗌				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
•	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, lin	e 6, column (B)		0.
Part				·	
1	Description of debt-financed property (street address, c	city, state, ZIP code). Che	CK IT a dual-use. See	Instructions.	
	c 🗌				
	D 🗌				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property	23,080.			
3	Deductions directly connected with or allocable				
	to debt-financed property	0.			
a ⊾	Straight line depreciation (attach statement) Other deductions (attach statement) STMT 3	37,772.			
b	Other deductions (attach statement) STMT 3 Total deductions (add lines 3a and 3b,	51,112.			
С	columns A through D)	37,772.			
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement) STMT	1 430,000.			
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement) STMT 2	655,168.			
6	Divide line 4 by line 5	65.632%	%	9	6 %
7	Gross income reportable. Multiply line 2 by line 6	15,148.			
8	Total gross income (add line 7, columns A through D).	. Enter here and on Part I	, line 7, column (A)	·····	15,148.
9	Allocable deductions. Multiply line 3c by line 6	24,791.			
10	Total allocable deductions. Add line 9, columns A thr		n Part I. line 7. colur	nn (B)	24,791.
11	Total dividends-received deductions included in line			······	0.
223721 ()1-16-23			Schedule	e A (Form 990-T) 2022

48 2022.04030 FAUQUIER HABITAT FOR HUMA 28058__1

	ule A (Form 990-T) 2022 VI Interest, Annu		ovalties and Re	onte fron	n Control	led Or	aanization	F /or	o inotructi	ono)		Page 3
Fail		nues, no					-		e instruction	,		
 Name of controlled organization 		d	2. Employer identification number (see instruction		ne (loss)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		nn 4 n the niza-	conr	ctions directly nected with e in column 5
(1)									91000 1100			
(2)												
(3)												
(4)												
<u></u>			No	nexempt C	Controlled O	rganizati	ons					
7	7. Taxable Income	ir	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part of that is inclusion controlling gross	luded	in the zation's		connect	ions directly ted with column 10
(1)											,	
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I, (A)	Ente	er here a	ns 6 and 11. nd on Part I, blumn (B)
Totals Part		Income	of a Section 50	1(c)(7) (9) or (17)	Organ	nization /	an innt	0.			0.
		cription of			2. Amou	-	3. Deduction		4. Set-a	neidoe	5. To	tal deductions
					incor		directly conn (attach stater	ected	(attach sta		nt) an	d set-asides d cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	unto in					A	d amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,					col here	lumn 5. Enter e and on Part I, 9, column (B) 0.
Part		xempt A	ctivity Income,	Other T	han Adve	ertising	Income	(see ins	structions)			
1	Description of exploite		-					(
2	Gross unrelated busin	,		ness. Enter	here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con						•	• •				
										3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension	ses. Subtr	act line 5 from line 6	6, but do no	ot enter mor	e than th	ne amount on l	ine				
	4. Enter here and on P	Part II, line	12			<u></u>				7		

Schedule A (Form 990-T) 2022

223731 01-16-22

09110928 700786 28058

Schod	ule A (Form 990-T) 2022				1 Page 4
Part					Faye 4
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a (consolidated basis		
-	Α []			-	
	в 🗌				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
	······································	Α	В	С	D
2	Gross advertising income		_		
	Add columns A through D. Enter here and or		ł	•	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or		ł		0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
-	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
-	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		al or zero here and	d on	
	Part II. line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (s	ee instructions)			

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ACQUISITION DEBT

STATEMENT 1

DESCRIPTION OF DEBT-FINANCED PROPERTY COMMERCIAL REAL ESTATE	ACTIVI NUMBED		AMOUNT OF OUTSTANDING DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH	2		$\begin{array}{r} 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ 430,000.\\ \end{array}$
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR			5,160,000.
AVERAGE ACQUISITION DEBT			430,000.
OTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4 ORM 990-T (A) PART V - UNRELATED DEBT-FINANCED IN AVERAGE ADJUSTED BASIS	COME		STATEMENT 2
	ACTI	VITY	
ESCRIPTION OF DEBT-FINANCED PROPERTY	NUM	BER	
OMMERCIAL REAL ESTATE		1	AMOUNT
VERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY O VERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF			658,233. 652,103.
VERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR			655,168.
OTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5			

FAUQUIER HABITAT FOR HUMANITY, INC.

54-1595774

FORM 990-T (A)	PART V -	OTHER	DEDUCTIONS		STATEMENT 3
DESCRIPTION		IVITY MBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
OCCUPANCY TAXES REPAIRS INTEREST DEPRECIATION	- SUBTOTAL -	1	5,730. 174. 7,006. 18,732. 6,130. 37,772.	1.00	37,772.
TOTAL OF FORM	990-T, SCHEDULE A, PA	ART V,	LINE 3(B)		37,772.

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING DECEMBER 31, 2022

PREPARED FOR: STEVEN HICKS FAUQUIER HABITAT FOR HUMANITY PO BOX 3189 WARRENTON, VA 20186 PREPARED BY: HANTZMON WIEBEL LLP PO BOX 1408 CHARLOTTESVILLE, VA 22902 TO BE SIGNED AND DATED BY: NOT APPLICABLE AMOUNT OF TAX: TOTAL TAX 0 \$ LESS: PAYMENTS AND CREDITS \$ 0 0 PLUS: OTHER AMOUNT PLUS: NTEREST AND PENALTIES \$ 0 NO PAYMENT REQUIRED \$ **OVERPAYMENT:** 0 CREDITED TO YOUR ESTIMATED \$ TAX 0 OTHER AMOUNT \$ **REFUNDED TO YOU** \$ 0 MAKE CHECK PAYABLE TO: NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

Form 500

Virginia Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2022 Virginia Corporation Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver. Do not file this form to carry back a net operating loss. Use Form 500NOLD. Official Use Only											
FISCAL or SHORT Year Filer: Beginn	ing Data	,		.2022: Endii	na Doto						
Short Year Return	· -	- 7	Change in A	, , ,	ng Date						
			Name	ccounting Period					Check all that apply:		
54-1595774			FAIIOI	JIER HABITAT	FOR HIT	ΜΔΝΤͲΫ	TNC		X Initial Filer		
Mailing Address			111000		1 010 110		INC	•	Name Change		
PO BOX 318	9								Mailing Address Change		
City or Town					State	ZIP Code			Physical Address Change		
WARRENTON					VA	201	86				
Physical Address (if different	from Mailing	g Addres	ss)		V11				Entity Type Code		
									NP		
Physical City or Town					State	ZIP Code			NAICS Code		
									531120		
Date Incorporated		State	or Country of I	ncorporation	Description of	Business Activity					
10/01/1991		v v	IRGINI	[A							
Check Applicable Bo	oxes			Final Return			Corpor	ate Te	lecommunications Company		
Consolidated -			nclosed	Final Return · C	heck here an			_	from Form 500T, Line 7:		
	0011. 000		leiosea	boxes below.				nount			
Combined - Scl	h 500AC	Encl	nsed						.00		
Combined / Cor				Withdrawn							
Enter number o							Noncor	porate	ate Telecommunications Company		
				Dissolved - No	o longer liabl	e for tax.	Check box and enter amount from Form 500T, Line				
Change in Filing	a Status				Dissolved - No longer liable for tax. Check box and enter amount			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, _,, _			
Sch. 500A Enclo							.00				
Sch. 500AB End							Electric	Supp	blier Company		
							Enter ar	nount	from Sch. 500EL, Line 7 or 14:		
X Nonprofit Corpo	oration										
				Merger Date:					.00		
Certified Comp	any Appo	ortion	ment -	Merged FEIN:			Home	Service	e Contract Provider		
Sch. 500AP End	closed								·		
							Enter amount from Form 500HS, Line 10:				
Amended Retur	m (See in	nstruc	tions)					Che	eck box if a noncorporate HSCP.		
Enter reason co	ode:						.00				
Questions and Relat	ed Inform	matio	n								
				ed corporation, a related	d individual o	r othor rolato	d optity fo	or intor	rost royaltios or other		
-				atents, trademarks, copy			-		· •		
enclose Schedule		,				inital initiality.is	ie proper	-,,-			
			Enter exc	eption amount from So	chedule 500A	B, Line 8.	Α.		.00		
B. RESERVED FOR	FUTURE	e Use					В.				
				ned in computing federal	• •	Year of Loss					
		-		come Tax Return, provid	ha						
				ed from a merger, enter t	(2)	Federal NOL					
FEIN of the company generating the NOL prior to the n			phor to the morger date.	(3)	Percent of fe	ederal					
FEIN				NOL used this year				<u>%</u>			
							ion reque	sted in	n Section C.) STMT 1		
D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and											
complete and enclose Schedule 500ADJ, Page 2.							D.				
E. Has your federal income tax liability been redetermined with IRS and finalized for any prior year(s) that has not previousl							Year E.				
						,	Voor				
reported to the De	epartmen	it? IT y	es, provid	e uie year(s).			Year				
F Location of correct	vration's h	hooks					Year				
F. Location of corpo	// au UII 5 L	JUUKS					-				
Contact for corpo	oration's b	books			Co	ontact Phone	Number				

2022 Virginia
Form 500
Page 2

FEIN 54-1595774



INCOME
INCOME

1.	Federal taxable income (from enclosed federal return)	1.	00
2.	Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3.	Total (add Lines 1 and 2)	3.	.00
4.	Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5.	Balance (subtract Line 4 from Line 3)	5.	.00
6.	Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7.	Virginia taxable income (subtract Line 6 from Line 5)	7.	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.	
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) 8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f) 8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) 8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) 8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a)) 9.	0.00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2022 estimated Virginia income tax payments including overpayment credit from 2021	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2023 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. \longrightarrow X				
Date	Signature of Officer		Title	
			PRESIDENT AND CEO	
Printed Name of Officer MELANIE BUF	СН		Phone Number	
Print Preparer's Name and HANTZMON WI	Firm Name MATTHEW J. DEAN		Preparer Phone Number (434) 296-2156	
Date	Individual or Firm, Signature of Preparer	Address of Preparer PO BOX 1408 CHARLOTTESVILLE, VA 22902		
Preparer's FEIN, PTIN, or SSN Approved Vendor Co		^{de} 1019		

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

VA 500		NOL CARRYFORWARD	ADJUSTMENT	STATEMENT 1
YEAR END DATE	FEDERAL NOL		AMOUNT	PERCENT OF FEDERAL NOL UTILIZEI THIS YEAR
2022	9,643.			000
	MODIFICATION			

2022 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return FAUQUIER HABITAT FOR HUMANITY, INC.	FEIN 54-1595774	
Form 1120 - Deductions and Taxable Income		
Federal Taxable Income before NOL and Special Deductions		
		<u>00.</u> 00.
2. Net Operating Loss Deduction		1000.00
 Special Deductions Federal Taxable Income after NOL and Special Deductions 		00. 0001
		.00
Form 1120, Schedule C - Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income		.00
6. Gross-Up for Foreign Taxes Deemed Paid		
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest		.00
Form 5884 - Work Opportunity Credit		
2. Optimizer and Warner and dischool due to the WOTO		
8. Salaries and Wages not deducted due to the WOTC		.00
Form 4562 - Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the		
taxable year	9	.00
10. Property subject to 168(f)(1) election		
11. Other depreciation		
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income		
12. Total: Dividends (Exclude Gross-up)		
13. Total: Dividends (Gross-up)		
14. Total: Inclusions (Exclude Gross-up)		
15. Total: Inclusions (Gross-up)		
16. Total: Interest		
17. Total: Gross Rents, Royalties, and License Fees		
18. Total: Gross Income from Performance of Services		
19. Total: Other		
20. Total: Total Gross Income or Loss from Outside the US		.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
21. Total: Allocable - Rental, Royalty, and Licensing Expenses -		
Depreciation, Depletion, and Amortization		.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22	
	23	
24. Total: Allocable - Other Allocable Deductions	24	
25. Total: Total Allocable Deductions		
26. Total: Apportioned Share of Deductions		
27. Total: Net Operating Loss Deduction		
28. Total: Total Deductions		
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
29. Total: Total Income or (Loss) Before Adjustments		.00

Virginia Corporation Income Tax e-file Signature Authorization

DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number
FAUQUIER HABITAT FOR HUMANITY, INC.	54-1595774
Part I Tax Return Information	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare to be the officer of the above corporation and that I have exami return and accompanying schedules and statements and to the best of my knowledge and belief, it that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate in Part I above agrees with the information and amounts shown on the corresponding lines of the co- balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated funds withdrawal entry to the financial institution account indicated on the 2022 Virginia income tax return. I also authorize the financial institutions involved in the processing of the electronic payment necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corp all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provid I have selected a personal identification number (PIN) as my signature for the corporation's electron	is true, correct and complete. I further declare Service Provider including the amounts shown orporate electronic income tax return. If filing a Financial Agent to initiate an ACH electronic a return for payment of state taxes owed on this to f taxes to receive confidential information on does not directly involve a financial institution oration will remain liable for the tax liability and er to transmit the complete return to Virginia Tax.
Officer's e-File PIN: check one box only	
	n the corporation's 2022 electronic Virginia
ERO Firm Name	
I will enter my e-File PIN as my signature on the corporation's 2022 electronic Virginia corporation if you are entering your own e-File PIN and the return is filed using the Practitioner PIN methods.	5
Your Signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54168 Do not en	549557
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virgin	nia corporation income tax return for the
corporation indicated above. I confirm that I am submitting this return in accordance with the requir	ements of the Practitioner PIN method and
have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a r	ubber stamp, mechanical device, such as
a signature pen, or computer software program.	
ERO's Signature	Date
	Form VA-8879C (REV 9/22)