EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change BLUE RIDGE HABITAT FOR HUMANITY, INC. Name change 54-1816368 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated (540) 662-7066 P.O. BOX 1653 3,943,722. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 22604 WINCHESTER, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KIM HERBSTRITT for subordinates? Yes X No 22604 P.O. BOX 1653, WINCHESTER, VA __Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: HTTPS://BLUERIDGEHABITAT.ORG/ H(c) Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 1997 M State of legal domicile: VA Association Part I Summary Briefly describe the organization's mission or most significant activities: SEEKING TO PUT GOD'S LOVE INTO Activities & Governance ACTION, HABITAT FOR HUMANITY BRINGS PEOPLE TOGETHER TO BUILD HOMES, if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 608,381. 829,882. Contributions and grants (Part VIII, line 1h) 8 1,647,716. 2,405,882. Program service revenue (Part VIII, line 2g) 262,063. -140,314. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 36,754. 48,897. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,554,914. 3,144,347. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 419,114. 497,149. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,943,652. 2,694,388. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,191,537.2,362,766. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 192,148. -47,190. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 4,941,216. 7,617,479 Total assets (Part X, line 16) 295,512. 2,997,738. 21 Total liabilities (Part X, line 26) 三年 645,704. 4,619,741 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. Signature of officer Date Sign KIM HERBSTRITT, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 02/22/24 P01068721 CHRIS FRYE, CPA CHRIS FRYE, CPA self-employed Paid Firm's name YOUNT, HYDE & BARBOUR, P.C. Firm's EIN 54-1149263 Preparer Firm's address P.O. BOX 2560 Use Only Phone no. 540 - 662 - 3417WINCHESTER, VA 22604-1760 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

No

OFFERING DONATED GOODS TO THE COMMUNITY AT REDUCED PRICES. THE FUNDS GENERATED FROM THE SALE OF DONATED ITEMS DIRECTLY CONTRIBUTE TO

PROVIDING AFFORDABLE HOUSING TO LOW-INCOME FAMILIES. NOT ONLY DOES THE RESTORE PROGRAM CONTRIBUTE FINANCIALLY, BUT IT ALSO MAKES A TANGIBLE DIFFERENCE IN ENVIRONMENTAL SUSTAINABILITY. IN FY23, IT KEPT 322,000 LBS OF WASTE OUT OF LANDFILLS, PROVIDED LOCAL EMPLOYMENT AND VOLUNTEER OPPORTUNITIES AND SUPPLIED AFFORDABLE HOME GOODS TO OVER 18,000 CUSTOMERS COMMITTED TO SUSTAINABLE SHOPPING IN OUR LOCAL COMMUNITY.

IT'S IMPORTANT TO NOTE THAT FOR EVERY DOLLAR SPENT IN THE RESTORE, \$1.70 IS INJECTED BACK INTO THE LOCAL COMMUNITY, BOTH DIRECTLY AND

Other program services (Describe on Schedule O.)

588,530 including grants of \$

640,006.)) (Revenue \$

2,946,928.

Form 990 (2022)

19500222 781823 10984900.0

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
h	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 approximation projection on office approximation of the Helbert Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	990 (2022) BLUE RIDGE HABITAT FOR HUMANITY, INC. 54-1816	<u> 368</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		T.,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		Х
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		Х
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%			
07	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	07		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		1
28	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			, v
	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			_v
00	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?	20	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_ 11	
	Check if Schedule O contains a response or note to any line in this Part V			
	555 5566dio 6 containo a response en note to any mio in ano i art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	;	1.03	1.10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b (
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form 990 (2022)

BLUE RIDGE HABITAT FOR HUMANITY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2 a	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	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices _I	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		X
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 of		:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a_		
				9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	0	10a				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
	Gross income from members or shareholders	11a	1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	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	t incoi	ne?	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 ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

BLUE RIDGE HABITAT FOR HUMANITY, INC. 54-1816368 Page 6 Form 990 (2022) 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 Check if Schedule O contains a response or note to any line in this Part VI

<u>Sec</u>	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	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		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			L	2		Х
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?			L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	L	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		L	5		X
6	Did the organization have members or stockholders?			L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or				
	more members of the governing body?			L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockhol	ders, 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	r by the	following:				
а	The governing body?				8a	X	
b	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 reach						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (Code.)				
				_		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters,	affiliates,				
				···· ⊢	10b	77	
11a		before	e filing the form?	?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			├	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				37	
	on Schedule O how this was done			··· ├	12c	X	
13	Did the organization have a written whistleblower policy?			Г	13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	Х	
a	The organization's CEO, Executive Director, or top management official				15a	X	
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			⊨	15b	17	
16-			th a				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the contribute assets to, or participate in a joint venture or similar arrangements and the contribute assets to, or participate in a joint venture or similar arrangements.				16-		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			··	16a		- 23
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic						
					16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure				IOD		
17	List the states with which a copy of this Form 990 is required to be filed VA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	14 dau .	T (section 501/o	1/3/6 2	anly) i	availal	
10	for public inspection. Indicate how you made these available. Check all that apply.	ia 330-	1 (36611011 301 (0	, _{/(} U)S (וויכ (אוויכ	avaiidi	JI C
		an 0-1	inadula (C)				
19	Another's website		,	and f	inana	ial	
IJ	statements available to the public during the tax year.	mict O	miterest policy,	ailu l	ıı ıaı ıC	naı	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and	records				
20	otate the marie, address, and telephone number of the person who possesses the organization's boo	no aliu	1600103				

THE ORGANIZATION - (540) 662-7066

22604 P.O. BOX 1653, WINCHESTER, VA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organiza		Jiga	ııı∠d			iperi	salt	(D)		(F)
(A)	(B)	(B) (C) Position (do not check more than one							(E)	(F)
Name and title	1		not cl	neck i	more	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				p.		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal trı		loyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	lns	0#0	Ke	e Fig	For			
(1) KIM HERBSTRITT	40.00	-						F0 450		10 550
EXECUTIVE DIRECTOR	10.00			Х				79,452.	0.	12,578.
(2) HARRY NEIDIG III	10.00	ļ								
DIRECTOR	1000	Х						0.	0.	0.
(3) TERRI HIRST	10.00									_
PRESIDENT		Х		Х				0.	0.	0.
(4) CARY KIMBLE	10.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(5) RACHAEL HITE	10.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) TAMARA GREEN	10.00									
DIRECTOR		Х						0.	0.	0.
(7) WENDY CONNER	10.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL PACKARD	10.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(9) MILLIE KETRON	10.00									
TREASURER		Х		Х				0.	0.	0.
(10) HEATHER ARNOLD	10.00									
DIRECTOR		Х						0.	0.	0.
(11) GREG BOWMAN	10.00									
DIRECTOR		Х						0.	0.	0.
(12) AUDRA GOLLENBERG, PHD	10.00									
DIRECTOR		Х						0.	0.	0.
(13) TONY LANDA	10.00									
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
		1								

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B) Average			((Pos	C) ition	1		(D)	(E)		(F)	- d
	Name and title	hours per week	box	not c	heck ss per	more rson i	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related	- 1	stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/ or	mpensa from th ganizat nd relat ganizati	e tion ted
				_									
1b	Subtotal								79,452.	(). 1	2,5	78.
С	Total from continuation sheets to Part VI								0.).		0.
_d	Total (add lines 1b and 1c)								79,452.	(). 1	2,5	78.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			_
	compensation from the organization											T	0
_												Yes	No
3	Did the organization list any former officer,	•		•	•	•		•	·	•			v
4	line 1a? If "Yes," complete Schedule J for s										. 3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	•	4		х

rendered to the organization? *If* "Yes," *complete Schedule J for such person*Section B. Independent Contractors

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

the organization. Report compensation for the calendar year ending with or within	i the organization's tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
FROGALE LUMBER SUPPLY		
119 ARBOR CT, WINCHESTER, VA 22602	CONSTRUCTION	256,154.
PRO-FINISH PAINTING & HOME IMPROVEMENTS,		
101 BLACKBURN'S FORD DRIVE, STEPHENS CITY,	GENERAL CONTRACTOR	250,004.
J.D. CONCRETE CONSTRUCTION, LLC, 118		
COUNTRY CLUB CIRCLE, WINCHESTER, VA 22602	CONSTRUCTION	109,881.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	
\$100,000 of compensation from the organization		

Form 990 (2022) BLUE RI
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note	to any line	in this Part VIII			
		Check in Conceditio C contains a response of note	to driy iiilo	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
- S S	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	b Membership dues 1b					
عَ ق		c Fundraising events 1c					
ifts ar A			07,462.				
a,° Eig	•		97,402.				
ë ig	f	f All other contributions, gifts, grants, and					
buti			25,018.				
ē ģ	ç	g Noncash contributions included in lines 1a-1f					
<u>S</u> <u>C</u>	ŀ	h Total. Add lines 1a-1f		829,882.			
		Busine	ess Code				
ø	2 8	a HOME SALES 5313	390	1,218,605.	1,218,605.		
e Ki	k	b MORTGAGE DISCOUNT AMORTIZATION 5222	292	554,130.	554,130.		
S Š	•	c RESTORE SALES 4595	510	528,269.	528,269.		
eve eve	ď	d RENTAL INCOME 5311	110	85,876.	85,876.		
Program Service Revenue	•	e HOME REPAIR 8110	000	19,002.	19,002.		
<u>Ā</u>	f	f All other program service revenue					
	9	g Total. Add lines 2a-2f		2,405,882.			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		8,655.			8,655.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	_		ersonal				
		a Gross rents 6a	-				
		b Less: rental expenses 6b	-				
		c Rental income or (loss) 6c	_				
		d Net rental income or (loss)	Other				
	/ 6		03,205.				
		b Less: cost or other basis	33,203.				
Φ	•		52,174.				
eun	,	and sales superiors	48,969.				
Revenue		d Net gain or (loss)		-148,969.			-148,969.
ē		a Gross income from fundraising events (not		·			·
퉏		including \$ of					
_		contributions reported on line 1c). See					
		Part IV, line 18					
	k	b Less: direct expenses 8b					
	•	c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses9b	\rightarrow				
		c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
			94,403.				
			47,201.	45.000			45.000
		c Net income or (loss) from sales of inventory		47,202.			47,202.
2	ر د	a MISCELLANEOUS INCOME 6242	ess Code	1 605			1 605
Je or	11 6		200	1,695.			1,695.
llar		b	+				
Miscellaneous Revenue		d All other revenue	+				
Ξ		e Total. Add lines 11a-11d		1,695.			
	12	Total revenue. See instructions		3,144,347.	2,405,882.	0.	-91,417.
				. ,	, ,		<u> </u>

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 76,132. 50,755. 16,918. 8,459. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 385,736. 308,584. 33,467. 43,685. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 35,281. 23,546. 8,397. 3,338. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 27,020. 27,020. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 5,636. 1,866. 18. 3,752. Advertising and promotion 12 8,261. 7,019. 1,090. 152. Office expenses 13 7,572. 006. 4,292. 2,274. Information technology 14 15 Royalties 25,867. 41,269. 7,866. 7,536. 16 Occupancy 771. 771. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,053. 1,154. 5,800. 99. Conferences, conventions, and meetings 19 20 7,500. Payments to affiliates 7,500. 21 51,583. 12,896. 25,791. 12,896. Depreciation, depletion, and amortization 22 30,110. 18,469. 9,701. 1,940. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,949,962. 1,949,962. HOUSING CONSTRUCTION, RESTORE COSTS OF GOODS 472,363. 472,363. 38,070. 33,596. 4,328. 146. PROFESSIONAL SERVICES 11,208. 3,485. 7,723. d DUES AND LICENSES 36,010.23.851. 10,946. 1.213. e All other expenses 3,191,537. 2,946,928. 159,119. 85,490. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part		Balance Sneet					
		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			676,759.	1	1,432,610
	2	Savings and temporary cash investments				2	100,975
	3	Pledges and grants receivable, net			126,534.	3	6,250
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	d per				
		under section 4958(f)(1)), and persons described in	n sect	ion 4958(c)(3)(B)		6	
יַּי	7	Notes and loans receivable, net			1,523,911.	7	1,133,075
Assers	8	Inventories for sale or use			1,042,947.	8	872,451
₹	9				15,392.	9	21,959
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,090,033.			
	b	Less: accumulated depreciation	10b	316,887.	1,163,138.	10c	3,773,146
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11	7,842.	12	8,049		
	13	Investments - program-related. See Part IV, line 11		330,088.	13	191,42	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			54,605.	15	77,540
_	16	Total assets. Add lines 1 through 15 (must equal	line 3	3)	4,941,216.	16	7,617,479
	17	Accounts payable and accrued expenses			143,005.	17	52,852
	18	Grants payable		18			
	19	Deferred revenue		19			
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D		21	
, :	22	Loans and other payables to any current or former	r offic	er, director,			
		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		22	
¹ :	23	Secured mortgages and notes payable to unrelate			0.	23	2,252,500
:	24	Unsecured notes and loans payable to unrelated t			37,201.	24	117,238
:	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X	445 006		
		of Schedule D			115,306.		575,148
- 1	26	-			295,512.	26	2,997,738
,		Organizations that follow FASB ASC 958, check	k here	· X			
<u> </u>		and complete lines 27, 28, 32, and 33.			4 622 565		4 502 005
<u> </u>	27				4,633,565.	27	4,593,897
נַ נַ	28	Net assets with donor restrictions			12,139.	28	25,844
Ĭ		Organizations that do not follow FASB ASC 958	3, che	ck here			
-		and complete lines 29 through 33.					
<u>.</u>	29	Capital stock or trust principal, or current funds				29	
3	30	Paid-in or capital surplus, or land, building, or equi				30	
_	31	Retained earnings, endowment, accumulated inco			A CAE 004	31	A C10 P41
	32	Total net assets or fund balances		<u> </u>	4,645,704.	32	4,619,741
:	33	Total liabilities and net assets/fund balances			4,941,216.	33	7,617,479

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,14	4,3	<u>47.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,19	1,5	<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-4	7,1	90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,64	5,7	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	1	6,7	62.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	4, 4	65.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,61	9,7	41.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection
Employer identification number

			RIDGE HAB							4-1816368
Pa	rt I	Reason for Public (Charity Status.	(All organiza	ations must c	omplete th	nis part.) S	ee instructions	3.	
The	organ	ization is not a private found	lation because it is: (I	For lines 1 th	hrough 12, cl	neck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of church	es described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Sche	edule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization des	scribed in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction wit	th a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or univ	ersity owned	or operate	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv).			•	·	, ,			
6		A federal, state, or local go		nental unit d	lescribed in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-						e general i	oublic described in
•		section 170(b)(1)(A)(vi). (C			no ouppoit ii	u g			900.0.	
8		A community trust describe		(1)(A)(vi). (C	omplete Par	: II)				
9	H	An agricultural research org					ed in coni	inction with a l	and-grant	college
Ū	ш	or university or a non-land-g								
		university:	gram conogo or agno	antano (000 n	non dononoj.		iarrio, orty	, and state of t	ino comogo	, 01
10		An organization that norma	Illy receives (1) more	than 33 1/39	% of its supp	ort from co	ontribution	ns membershi	n fees, and	d gross receipts from
		activities related to its exen	•							*
		income and unrelated busin								
		See section 509(a)(2). (Co		(
11		An organization organized a	•	ively to test	for public sat	etv. See	section 50	09(a)(4).		
12	\Box	An organization organized a	=	-	=	•			rv out the	purposes of one or
		more publicly supported or	•	•	•	•		•	•	• •
		lines 12a through 12d that								
а		Type I. A supporting orga	• •		_	-			-	aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	-		•	-			
		organization. You must o				, ,				
b		Type II. A supporting org	-			ion with its	s supporte	ed organization	ı(s), by hav	/ing
		control or management of								
		organization(s). You mus				·				
С		Type III functionally inte	grated. A supporting	g organizatio	on operated	in connect	ion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions). You mus	t complete l	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organ	nization oper	ated in cor	nnection v	vith its support	ed organiz	zation(s)
		that is not functionally int	tegrated. The organiz	zation genera	ally must sat	isfy a distri	ibution red	quirement and	an attentiv	veness
		requirement (see instruct	ions). You must con	nplete Part	IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written deter	rmination fro	m the IRS	that it is a	Type I, Type II	l, Type III	
		functionally integrated, or	r Type III non-function	nally integra	ted supporti	ng organiza	ation.			
f	Ente	er the number of supported o	organizations							
<u>g</u>		vide the following information								
	((i) Name of supported	(ii) EIN		organization on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	-	(vi) Amount of other
		organization			nstructions))	Yes	No	support (see in:	structions)	support (see instructions)
Tota	11							I		I

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	313,662.	258,679.	750,025.	608,381.	829,882.	2760629.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	313,662.	258,679.	750,025.	608,381.	829,882.	2760629.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						2760629.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	313,662.	258,679.	750,025.	608,381.	829,882.	2760629.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,719.	1,190.	5,287.	1,227.	8,655.	28,078.
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.)		553.	1,003.	3,602.	1,695.	6,853.
11	Total support. Add lines 7 through 10						2795560.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 9	,159,639.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	98.75 <u>%</u>
15	Public support percentage from 2021	Schedule A, Part	I, line 14			15	98.67 <u>%</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						<u> </u>
							(Form 990) 2022

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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")? *If* "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.)

	Yes	No
1		
2		
3a		
3b		
_		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11.5		
·	detail in Part VI.	11c		
Sec	etion B. Type I Supporting Organizations	1 110		
	<i>y</i>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or	100	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	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 support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	e 1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization operate of 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,			
Sec	supervised, or controlled the supporting organization.	2		
-	The in supporting organizations		V	
_	Wang a majarik, af kha a magainaki mala dimakana an kurakana di mira kha kan magain ika af kha dimakana		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			
<u>Sac</u>	the supported organization(s). ction D. All Type III Supporting Organizations	1		
566	All Type III Supporting Significations			T
			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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ctions).		
а	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 instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		$oxed{oxed}$
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 BLUE RIDGE HABITAT FOR	HUMANI	TY, INC. 5	54-1816368 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			*
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	T
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	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		
Secti	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		

Schedule A (Form 990) 2022

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

5

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2022

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

a Applied to underdistributions of prior yearsb 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.
 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BLUE RIDGE HABITAT FOR HUMANITY, INC. **Employer identification number** 54-1816368

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		# Offiliar Funds	Complete if the	
		1	dvised funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asset	ts held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal contr	ol?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	at grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any other purpose of	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oly).		
	Preservation of land for public use (for example, recrea	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 qualif	ried conservation cor	ntribution in the form	of a conservation easement on the la	ast
	day of the tax year.			Held at the End of the Ta	ax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
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	after July 25,2006, ai	nd not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	pection, handling of		
	violations, and enforcement of the conservation easements it	: holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cons	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservat	tion easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	nents of section 170(h	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	evenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	note to the organizati	on's financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical	Treasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ition, or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furth	nerance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u> _	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treat				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 99	0) 2022

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

Schedule D (Form 990) 2022

4,375.

37,707.

070,416.

 $\overline{3,773,146}$

e Other

Leasehold improvements

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

d Equipment

48,285.

149,840.

118,762.

52,660.

187,547.

1,189,178.

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) HOMEOWNER AND TENANT DEPOSITS	12,897.
(3) ACCRUED PAYROLL TAXES	5,298.
(4) ACCRUED OTHER EXPENSES	31,996.
(5) REFUNDABLE ADVANCES	502,206.
(6) OPERATING LEASE LIABILITIES	22,751.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u> 575,148.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET INCREASE IN BENEFICIAL INTEREST IN ASSETS HELD

4,465.

RESTORE OPERATING COSTS

-472,363.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

-467,898. Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	BLUE RIDGE	HABITAT	FOR	HUMANITY,	INC.	54-18163	68 Pa	age 5
Schedule D (Form 990) 2022 Part XIII Supplemental Info	ormation (continued)							
	•							
PART XII, LINE 4B	- OTHER ADJUS	TMENTS:						
	<u> </u>							
RESTORE OPERATING	COSTS					47	2,36	3.
TEDIOTE OF ELECTION	<u> </u>							
				<u> </u>				

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INC. BLUE RIDGE HABITAT FOR HUMANITY,

Employer identification number 54-1816368

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITIES AND HOPE TO REALIZE OUR VISION OF A WORLD WHERE EVERYONE HAS A DECENT PLACE TO LIVE. BLUE RIDGE HABITAT FOR HUMANITY ADHERES TO STRICT NON-PROSELYTIZING POLICY AND WILL NOT BASE AN OFFER OF ASSISTANCE ON THE EXPRESSED OR IMPLIED CONDITION THAT PEOPLE ADHERE TO OR CONVERT TO A PARTICULAR FAITH OR LISTEN AND RESPOND TO MESSAGING DESIGNED TO INDUCE CONVERSION TO A PARTICULAR FAITH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POLICY AND WILL NOT BASE AN OFFER OF ASSISTANCE ON THE EXPRESSED OR IMPLIED CONDITION THAT PEOPLE ADHERE TO OR CONVERT TO A PARTICULAR FAITH OR LISTEN AND RESPOND TO MESSAGING DESIGNED TO INDUCE CONVERSION TO A PARTICULAR FAITH.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, AND DONOR FUNDING TO UNDERWRITE HOME SALE PRICES FOR PARTNER FAMILIES. THE NATIONWIDE RISE IN HOME PRICES OVER THE PAST YEAR HAS LED TO MORE LOW-TO-MODERATE INCOME FAMILIES BEING PRICED OUT OF THE HOMEOWNERSHIP MARKET. LEVERAGING FUNDS RAISED THROUGH DONATIONS AND GRANTS, BRHFH ADDRESSES THIS CHALLENGE BY OFFERING AFFORDABLE HOMEOWNERSHIP OPPORTUNITIES TO FAMILIES FACING LIMITED HOUSING OPTIONS IN AN INCREASINGLY DIFFICULT MARKET.

BRHFH'S HOMEOWNERSHIP PROGRAM EMPOWERS FAMILIES TO ENHANCE THEIR LIVING CONDITIONS, INVEST IN THEIR COMMUNITY, AND CREATE FUTURE GROWTH OPPORTUNITIES. SINCE ITS ESTABLISHMENT IN 1997, BRHFH HAS SERVED A LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

BLUE RIDGE HABITAT FOR HUMANITY, INC.

Employer identification number 54-1816368

TOTAL OF 87 FAMILIES, INCLUDING 3 FAMILIES AND CONTINUED CONSTRUCTION

ON 5 OTHER HOMES. CURRENTLY MANAGING APPROXIMATELY \$1 MILLION IN

PROJECTS WITH 3 HOMES IN STRASBURG, VA, AND 2 OF THE 5 HOMES AT THE

NORRIS VILLAGE SITE IN WINCHESTER, VA. THIS COMMITMENT RESONATES WITH

THE ORGANIZATION'S DEDICATION TO MAKING A LASTING IMPACT ON WORKING

FAMILIES AND THE COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HOMES. IN FISCAL YEAR 2023, BRHFH SUCCESSFULLY SERVED 35 FAMILIES

THROUGH ITS HOME PRESERVATION/REPAIR PROGRAM. THIS REFLECTS BRHFH'S

ONGOING COMMITMENT TO SUPPORTING VULNERABLE HOMEOWNERS AND CREATING

SAFER, MORE SUSTAINABLE LIVING ENVIRONMENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIRECTLY. YOUR GENEROUS DONATION WOULD NOT ONLY SUPPORT OUR MISSION

OF AFFORDABLE HOUSING BUT ALSO CONTRIBUTE TO THE BROADER WELL-BEING AND

SUSTAINABILITY OF OUR COMMUNITY. JOIN US IN MAKING A LASTING IMPACT AND

TRANSFORMING LIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES: BRHFH RECOGNIZES THE STRATEGIC IMPORTANCE OF A

DIVERSE ARRAY OF PROGRAMS REQUIRED TO IMPACT THE MISSION. WITH A

PRIMARY FOCUS ON AFFORDABLE HOUSING OPPORTUNITIES, BRHFH HAS

STRATEGICALLY INVESTED IN THE FOLLOWING PROGRAMS: THE ORGANIZATION

MANAGES AND SERVICES A MORTGAGE PORTFOLIO COMPRISING 50 ACTIVE

MORTGAGES. THESE NON-INTEREST MORTGAGES ARE HELD BY INDIVIDUALS WHO

HAVE SUCCESSFULLY COMPLETED OUR HOMEOWNER PROGRAM. MORTGAGE HOLDERS

UNDERGO COMPREHENSIVE FINANCIAL EDUCATION, HOUSING COUNSELING CLASSES,

Schedule O (Form 990) 2022 Page 2

BLUE RIDGE HABITAT FOR HUMANITY, INC.

Employer identification number 54-1816368

AND OTHER SESSIONS BEFORE FINALIZING THE PURCHASE OF THEIR HOMES. PRIOR

TO QUALIFYING FOR HOMEOWNERSHIP, EACH MORTGAGE HOLDER DEDICATES UP TO

250 SWEAT EQUITY HOURS TO THE HABITAT FOR HUMANITY HOMEOWNERSHIP

PROGRAM. ADDITIONALLY, BRHFH CURRENTLY OWNS AND MANAGES 6 RENTAL UNITS,

OFFERING BELOW-MARKET RATES TO QUALIFIED TENANTS. THE ACQUISITION OF

THESE UNITS IS PART OF THE ORGANIZATION'S COMMITMENT TO PRESERVING

AFFORDABLE RENTALS IN TARGETED NEIGHBORHOODS AND COMMUNITIES.

EXPENSES \$ 588,530. INCLUDING GRANTS OF \$ 0. REVENUE \$ 640,006.

FORM 990, PART VI, SECTION A, LINE 4:

BOARD MEMBER ATTENDANCE POLICY

THE BOARD OF DIRECTORS DEVELOPED THIS WRITTEN POLICY TO SET A CLEAR SHARED EXPECTATION FOR MEETING ATTENDANCE THAT WE WILL HOLD OURSELVES ACCOUNTABLE TO POLICY. BOARD MEMBERS ARE EXPECTED TO ATTEND AT LEAST 75% OF ALL REGULARLY SCHEDULED MEETINGS. BOARD MEMBERS ARE EXPECTED TO DEFEND REGULAR MEETING TIMES IN THEIR PERSONAL CALENDARS, AND TO AVOID SCHEDULING OTHER MEETINGS DURING THAT TIME. BOARD MEMBERS OCCASIONALLY MISS MEETINGS DUE TO CIRCUMSTANCES BEYOND THEIR CONTROL SUCH AS ILLNESS, TRAVEL SCHEDULES, JURY DUTY, OR HOLIDAYS. THESE WILL GENERALLY BE CONSIDERED "EXCUSED" ABSENCES.

IN ALL CASES, BOARD MEMBERS ARE EXPECTED TO NOTIFY THE BOARD OF MEETINGS
THEY KNOW THEY WILL MISS. MISSING A MEETING WITHOUT NOTIFICATION IS

UNACCEPTABLE. TO MAKE THE BOARD MORE ACCOUNTABLE INTERNALLY AND TO THE COMMUNITIES WE SERVE, WE WILL INSTITUTE THE FOLLOWING "TRANSPARENCY"

MEASURES:

- 1. REPEATEDLY ABSENT BOARD MEMBERS WILL BE NOTED IN THE MEETING MINUTES.
- 2. BOARD ATTENDANCE PERCENTAGE WILL BE REPORTED WHEN BOARD MEMBERS STAND FOR RE-ELECTION.
- 3. WE WILL MAINTAIN A PUBLIC, YEAR-TO-DATE SUMMARY OF BOARD MEMBER

Schedule O (Form 990) 2022 Page **2**

Name of the organization BLUE RIDGE HABITAT FOR HUMANITY, INC.

Employer identification number 54-1816368

ATTENDANCE ON THE BOARD PORTAL SO MEMBERS CAN CHECK IN ON ATTENDANCE.

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

A COPY OF FORM 990 IS PROVIDED TO EACH BOARD MEMBER AND OFFICER FOR COMMENTS AND QUESTIONS.

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

EACH BOARD MEMBER AND OFFICER IS REQUIRED TO DISCLOSE, AT LEAST ANNUALLY,

ANY KNOWN CONFLICTS OF INTEREST IN WRITING AND SUBMIT THEM TO THE

ORGANIZATION'S PRESIDENT.

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

THE BOARD OF DIRECTORS REVIEWS COMPENSATION FOR THE ORGANIZATION'S

EXECUTIVE DIRECTOR AND OTHER OFFICERS ON AN ANNUAL BASIS AND COMPARES TO

OTHER ORGANIZATIONS OF SIMILAR SIZE. IN ADDITION, THE BOARD OF DIRECTORS

UTILIZES A COMPENSATION STUDY COMPLETED BY HABITAT FOR HUMANITY

INTERNATIONAL TO ASSIST WITH THEIR COMPENSATION REVIEW.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX

THE COSTS OF PROVIDING THE VARIOUS PROGRAMS, SUPPORTING SERVICES AND FUNDRAISING ACTIVITIES HAVE BEEN SUMMARIZED ON A FUNCTIONAL BASIS IN

Schedule O (Form 990) 2022	Page 2							
Name of the organization BLUE RIDGE HABITAT FOR HUMANITY, INC.	Employer identification number 54-1816368							
THE STATEMENT OF FUNCTIONAL EXPENSES. CERTAIN CATEGORIES O	F EXPENSES							
ARE ATTRIBUTABLE TO MORE THAN ONE PROGRAM OR SUPPORTING FU	NCTION AND							
RE ALLOCATED ON A REASONABLE BASIS THAT IS CONSISTENTLY APPLIED. THE								
EXPENSES THAT ARE ALLOCATED ARE COMPENSATION AND BENEFITS,	WHICH ARE							
ALLOCATED ON THE BASIS OF ESTIMATES OF TIME AND EFFORT; AN	D OCCUPANCY							
COSTS, WHICH ARE ALLOCATED ON A SQUARE FOOTAGE BASIS.								
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:								
NET INCREASE IN BENEFICIAL INTEREST IN ASSETS HELD	4,465.							
FORM 990, PART XII, LINE 2C:								
THE FINANCE COMMITTEE REVIEWS AUDITED FINANCIAL STATEMENTS	WITH							
INDEPENDENT AUDITORS AND ASSUMES THE RESPONSIBILITY FOR TH	E OVERSIGHT							
OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTA	NT.							

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

BLUE RIDGE HA	BITAT FOR HUMANITY,	INC.				54-18163		unber
Part I Identification of Disregarded Entities. Comp	elete if the organization answered "Yes" of	on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I			Direct controlling entity		9
MILLWOOD WORKS, LLC								
443 MILLWOOD AVENUE	OFFICE SPACE FOR BLUE RIDGE					BLUE RIDGE H	IABITAT	FOR
WINCHESTER, VA 22601	HABITAT FOR HUMANITY	VIRGINIA		0. 2,68	86,610	. HUMANITY, IN	IC.	
	_							
Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.	zations. Complete if the organization ar	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or mor	e related tax-exer	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(9	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	II II		ect controlling entity	(g) Section 512(b)(13) controlled entity?	
or rollated erganization		loreigh country)		501(c)(3))			Yes	No

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

Schedule R (Form 990) 2022

Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	controlling Predominant income (related, unrelated, excluded from tax under sections 512-514)		are of total Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo

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 country)	(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	entity:	
		country						Yes	No

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Schedule R (Form 990) 2022

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a			
	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
	d Loans or loan guarantees to or for related organization(s)							
	Loans or loan guarantees by related organization(s)							
f	Dividends from related organization(s)				1f			
	Sale of assets to related organization(s)				1g			
h	Purchase of assets from related organization(s)				1h			
i	Exchange of assets with related organization(s)				1i			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j			
	k Lease of facilities, equipment, or other assets from related organization(s)							
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			. 11			
n	Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)		10					
р	Reimbursement paid to related organization(s) for expenses				1p			
	Reimbursement paid by related organization(s) for expenses							
r	Other transfer of cash or property to related organization(s)				1r			
	Other transfer of cash or property from related organization(s)							
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second seco	ho must complete th	is line, including covered re	lationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved			
	l de la companya de							
1)								
	l de la companya de							
2)								
	l de la companya de							
3)								
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4)								
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5)								
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6)								
3216	3 09-14-22			Schedul	e R (Form	990) 2022		

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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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000